MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT:

Application Errata for VPDES Permit No. VA0026441, Mt. Jackson STP, Shenandoah

County

TO:

PP File

FROM:

Bev Carver

DATE:

07.18.11

The following deficiencies were noted in the subject permit reissuance application:

Application Addendum:

No deficiencies found.

Form 2A:

- 1. It was confirmed with the permittee that the name of the facility will remain Mt. Jackson STP.
- 2. Part A.8.ii. should be 0
- 3. Part A.8.iii. should be 0
- 4. Part A.8.iv. should be 0
- 5. Part A.10. The name of the watershed, critical low flow and hardness are in the DEQ files and will be included in the 2011 Fact Sheet.
- 6. Part A.11.a. should check "secondary".
- 7. Part A.12. A waiver request was submitted to provide E. Coli data in lieu of Fecal Coliform data since the facility uses UV disinfection. The waiver is approved.
- 8. Part B.6. Test results were not provided for chlorine since the facility uses UV disinfection.
- 9. Part E. Acute and Chronic toxicity data using 2 species have been submitted and will be included in the 2011 Fact Sheet.
- 10. Part F.3. The name of the Significant Industrial User is now Bowman Andros Products LLC rather than Bowman Apple.

Sewage Sludge Application:

1. Section A.8. – A waiver request was submitted to provide one set of analytical test results for the sewage sludge. The waiver is approved.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: 405



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Douglas W. Domenech Secretary of Natural Resources VALLEY REGIONAL OFFICE

4411 Early Road, P.O. Box 3000, Harrisonburg, Virginia 22801

(540) 574-7800 Fax (540) 574-7878

www.deg.virginia.gov

David K. Paylor Director

Amy Thatcher Owens Regional Director

July 18, 2011

Mr. Charles K. Moore Town Manager Town of Mt. Jackson PO Box 487 Mt. Jackson, Virginia 24482

Re: Mt. Jackson STP, VPDES Permit No. VA0026441, Shenandoah County

Dear Mr. Moore:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not he sitate to contact us.

Sincerely,

Bev Carver

Environmental Engineer Senior

Ser Cours

cc: Permit Processing File

Carver, Beverley (DEQ)

From: Sent: Terry L. Blankenship [terry@kb-inc.net] Tuesday, August 23, 2011 11:12 AM

To: Subject: Carver, Beverley (DEQ) RE: VPDES Permit

Attachments:

Mt. Jackson - VPDES Permit Appli.PDF

Applic. Addendum

Beverley, PDF File Attached. Terry

From: Carver, Beverley (DEQ) [mailto:Beverley.Carver@deq.virginia.gov]

Sent: Tuesday, August 23, 2011 8:33 AM

To: Terry L. Blankenship Subject: RE: VPDES Permit

Good question. 4411 Early Road, Harrisonburg, VA 22801 is our physical address.

Our PO Box address is: PO Box 3000 Harrisonburg, VA 22801

You can save postage cost by emailing submittals to DEQ. We will accept those as well.

Bev

From: Terry L. Blankenship [mailto:terry@kb-inc.net]

Sent: Monday, August 22, 2011 9:11 AM

To: Carver, Beverley (DEQ) Subject: VPDES Permit

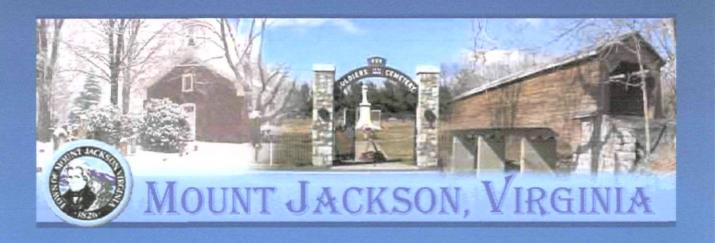
Hi Beverly,

The package that I recently mailed to you (Attachment A, Flow Diagram, and Narrative) was returned. I used the 4411 Early Road address. Should I be using a P.O. Box address?
Terry

Terry L. Blankenship, P.E.

Kreye Blankenship, Inc. Consulting Engineers & Environmental Scientists

13321 Midlothian Tpke., Suite H Midlothian, VA 23113 C: (804) 347-4684 F: (804) 302-5454



Mt. Jackson Wastewater Treatment Plant

VPDES Permit Application

Kreye Blankenship, Inc.

Consulting Engineers & Environmental Scientists

RECEIVED DEQ - y

June 30, 2011

Ms. Beverly W. Carver Environmental Engineer Senior Valley Regional Office Virginia Department of Environmental Quality 4411 Early Road Harrisonburg, VA 22801 JUN 3 0 2811 To:______ FILE:____

Phone: (804) 347-4684

Fax: (804) 302-5454

HAND DELIVERED

Re: VPDES Permit Application

Mt. Jackson Wastewater Treatment Plant

Dear Ms. Carver:

Enclosed are the original and four copies of the VPDES permit application for the Mt. Jackson Wastewater Treatment Plant. This submittal includes a copy of the VPDES Permit Application Addendum, Form 2A, and the VPDES Sewage Sludge Permit Application. The Public Notice Billing Information is enclosed separately. This application is submitted by Kreye Blankenship, Inc. on behalf of the Town of Mt. Jackson.

A waiver is requested to provide E. Coli data in lieu of Fecal Coliform data since the facility utilizes UV disinfection. A waiver is also requested to provide Toxicity Testing during the course of the new permit. The first Toxicity Testing event is scheduled for July 2011. Additional testing will be performed on a schedule acceptable to the VADEQ.

A waiver is requested to provide one set of analytical test results for the effluent testing data subject to Section B.6 of EPA Form 2A. Additional testing can be performed on a schedule acceptable to the VADEQ. We have included test results for the "Attachment A" parameters, including diazinon and nonylphenol. A waiver to analyze and report results for radionucleides is requested since the plant is not located immediately upstream of a public water supply. A waiver is requested to provide one set of analytical test results for the sewage sludge monitoring data subject to Section A.8 of the Sludge Permit Application. Additional sludge data consistent with required disposal practices are included as Appendix 2.

Should you have any questions regarding this application, please feel free to contact me.

Sincerely,

Kreye Blankenship, Inc.

Terry L. Blankenship, P.E.

Vice President

Enclosures

Cc: Charles K. Moore, III

William C. Kreye, Ph.D., P.E.

my L. Blankenship

PUBLIC NOTICE BILLING INFORMATION

	ronmental Quality to have the cost of publishing a public wn below. The public notice will be published once a week
for two consecutive weeks in Northern Vi	rginia Daily in accordance
with 9 VAC 25-31-290.C.2.	
Agent/Department to be billed:	Charles K. Moore, Town Manager
Owner:	Town of Mt. Jackson
Agent/Department Address:	P.O. Box 487
	Mt. Jackson, VA 22842
Agent's Telephone No.:	(540) 477-2121
Printed Name:	Charles K. Moore
Authorizing Agent – Signature:	Charles K. Mone
Date:	6/30/11

VPDES Permit No. VA0026441

Facility Name: Town of Mt. Jackson Wastewater Treatment Plant

VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee

Facility Name: Mt. Jackson STP

Permit Number: VA0026441

Owner Name: Town of Mt. Jackson

Owner Address: PO Box 487

Mt. Jackson, Virginia 22842

Billing Contact Name: Charles K. Moore

Title: Town Manager

Phone Number: (540)477-2121

E-Mail Address: townmanager@mountjackson.com

Mt. Jackson Wastewater Treatment Plant

VPDES Permit Application

RECEIVED DEQ - Valley JUN 3 0 2811

Prepared for:

To:______FILE:_____

Town of Mt. Jackson P.O. Box 487 Mt. Jackson, Virginia 22842

Prepared by: Kreye Blankenship, Inc. 13321 Midlothian Turnpike, Suite H Midlothian, VA 23113

VPDES PERMIT APPLICATION ADDENDUN

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Town of Mt. Jackson
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes X No
3. Provide the tax map parcel number for the land where the discharge is located. 091-A-65-A
4. For the facility to be covered by this permit, how many acres will be disturbed during the next
five years due to new construction activities? None
5. What is the design average effluent flow of this facility? 0.7 MGD
For industrial facilities, provide the max. 30-day average production level, include units:
In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes No X If "Yes", please identify the other flow tiers (in MGD) or production levels:
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
6. Nature of operations generating wastewater:
Wastewater Treatment Facility
70 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 723
30 % of flow from non-domestic connections/sources
7. Mode of discharge : X Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:
N/A
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
X Permanent stream, never dry
Intermittent stream, usually flowing, sometimes dry
Ephemeral stream, wet-weather flow, often dry
Effluent-dependent stream, usually or always dry without effluent flow
Lake or pond at or below the discharge point
Other:
9. Approval Date(s):
O & M Manual 2008 Sludge/Solids Management Plan 2006
Have there been any changes in your operations or procedures since the above approval dates? Yes X No
Centrifuge installed to enhance solids dewatering. O&M Manual currently being updated to reflected changes

FORM 2A APPLICATION

Mt. Jackson WWTP; VPDES Permit No. VA0026441

FORM

2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete guestions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form	Approve	d 1/14/99
OMB	Number	2040-0086

Mt. Jackson WWTP; VPDES Permit No. VA0026441

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

Facility Information Facility name Mailing Address	Mt. Jackson Wastewate P.O. Box 487 Mt. Jackson, Virginia 2	er Treatment Pl	ant		ket.		
Facility name	Mt. Jackson Wastewate P.O. Box 487 Mt. Jackson, Virginia 2						
•	P.O. Box 487 Mt. Jackson, Virginia 2						
Mailing Address	Mt. Jackson, Virginia 2						
	Gale Netz						
Contact person							
Title	Chief Operator						
Telephone number	(540) 477-3225						
Facility Address (not P.O. Box)	556 Red Bank's Road Mt. Jackson, Virginia 2	28/2					
Applicant Informa	tion. If the applicant is differ	ent from the abov	ve, provide the followi	ng:			
Applicant name	Town of Mt. Jackson						
Mailing Address	P.O. Box 487 Mt. Jackson, Virginia 2						
Contact person	Charles K. Moore, III						
Title Town Manager							
Telephone number	(540) 477-2121						
Is the applicant th	owner or operator (or bo		ent works?				
Indicate whether co	rrespondence regarding this	permit should be	directed to the facility	or the applicant.			
facility	applicar	nt					
Existing Environm works (include state		permit number of	any existing environ	mental permits that	have been issued to the treatmen		
NPDES VA0026	441		PSD				
UIC			Other				
RCRA			Other				
Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).							
Name	Population	on Served	Type of Collect	ion System	Ownership		
Town of Mt. Jack	son18	864	Separate	<u> </u>	Municipal		

FACILITY	NAME AND	PERMIT	NUMBER:	
				 _

Form Approved 1/14/99 OMB Number 2040-0086

Jac	cks	son WWTP; VPDES Permit No. VA002	6441			Omb	Trumbor Lo	
5. 1	nd	ian Country.						
	a .	Is the treatment works located in Indian Co	ountry?					
		Yes ✓ No						
H		Does the treatment works discharge to a re	eceiving water that is either i	in Indian Country	or that is une	tream from (and	t eventually	flows
	<i>J</i> .	through) Indian Country?	scerving water that is either i	in maian country	or triat is ups	stream nom (and	Leveritually	nows
		Yes						
s F	-Io	 w. Indicate the design flow rate of the treat 	ment plant (i.e. the wastew)	ater flow rate that	the plant wa	s built to handle) Also pro	vide th
a	ave	rrage daily flow rate and maximum daily flow iod with the 12th month of "this year" occurr	v rate for each of the last thr	ee years. Each ye	ear's data m	ust be based on		
a	a.	Design flow rate 0.70 mgd						
			Two Years Ago	Last Year		This Year		
b).	Annual average daily flow rate	0.23		0.33		0.42	mgd
C).	Maximum daily flow rate	0.70		1.04		1.21	mgd
		llection System. Indicate the type(s) of colutribution (by miles) of each.		ne treatment plant.		hat apply. Also	estimate th	e perc
	1	Separate sanitary sewer					100	%
-		Combined storm and sanitary sewer						%
-		Combined Storm and Samtary Sewer						70
. [Dis	charges and Other Disposal Methods.						
8	a.	Does the treatment works discharge efflue	nt to waters of the U.S.?		\checkmark	Yes		No
		If yes, list how many of each of the following	ng types of discharge points	the treatment work	ks uses:			
		i. Discharges of treated effluent					1	
		ii. Discharges of untreated or partially tre	ated effluent					
		iii. Combined sewer overflow points						
		iv. Constructed emergency overflows (price	or to the headworks)					
		v. Other						
b	Ο.	Does the treatment works discharge efflue impoundments that do not have outlets for				Yes	1	No
		If yes, provide the following for each surface						
		Location:	La Control of the Con					
		Annual average daily volume discharged to	surface impoundment(s)				mgd	
		Is discharge continuous or	intermittent?			7		
							,	
C	S.	Does the treatment works land-apply treate				Yes		No
		If yes, provide the following for each land a	application site:					
		Location:						_
		Number of acres:						
		Annual average daily volume applied to sit	e:	M	gd			
		Is land application continue	ous or intermi	ttent?				

Mt. Jackson WWTP; VPDES Permit No. VA0026441

Form Approved 1/14/99 OMB Number 2040-0086

<u>N/A</u>
If transport is by a party other than the applicant, provide:
Transporter name:
Mailing Address:
Contact person:
Title:
Telephone number:
For each treatment works that receives this discharge, provide the following:
Name:
Mailing Address:
Contact person:
Title:
Telephone number:
If known, provide the NPDES permit number of the treatment works that receives this discharge.
Provide the average daily flow rate from the treatment works into the receiving facility.
Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes Yes
If yes, provide the following for each disposal method:
Description of method (including location and size of site(s) if applicable):
Annual daily volume disposed of by this method:

Mt. Jackson WWTP; VPDES Permit No. VA0026441

Form Approved 1/14/99 OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

	7.00					
A.9.	De	scription of Outfall.				
	a.	Outfall number	001	_		
	b.	Location	Town of Mt. Jackson		22842	
			(City or town, if applicable) Shenandoah		(Zip Code) Virginia	
			(County) 38° 44′ 55''		(State)	
			(Latitude)		78° 37' 53" (Longitude)	
		Distance from shore (i		N/A	* 10000 * 1000 100 **	
	C.	Distance from shore (i	applicable)	19/74	it.	
	d.	Depth below surface (i	f applicable)	N/A	ft.	
	e.	Average daily flow rate		0.42	mgd	
	f.		either an intermittent or a		,	
		periodic discharge?		Yes	No (go to A.9.g.)	
		If yes, provide the follo	owing information:			
		Number of times per y	ear discharge occurs:			
		Average duration of ea	ach discharge:			
		Average flow per disch	narge:		mgd	
		Months in which discha				
	g.	Is outfall equipped with	a diffuser?	Yes	No	
A.10	. De	scription of Receiving	Waters.			
	a.	Name of receiving wat	er North Fork of She	enandoah River		
	b.	Name of watershed (if	known)			
	U.	rvanie of watershed (ii	KIIOWII)			
		United States Soil Cor	servation Service 14-digit water	shed code (if known):		
	C.	Name of State Manage	ement/River Basin (if known):			
		United States Genlagia	cal Survey 8-digit hydrologic cat	aloging unit code (if known))	
		Office Otales Seologic	car our vey o aight myarologic out	aloging time code (ii known)	,	_
	d.	Critical low flow of rece	eiving stream (if applicable):			
		acute	cfs	chronic	cfs	
	e.	Total hardness of rece	iving stream at critical low flow (if applicable):	mg/l of CaCO ₃	

Mt. Jackson WWTP; V	PDES Peri	mit No. VA002	26441				Of	MB Number 2040-0086
A.11. Description of Tr	eatment.							
a. What levels of	treatment a	re provided? C	heck all that a	pply.				
Pr	rimary		Secon	ndary	Sequencing E	Batch Reactors	with Aerobic D	Digestion, Disk Filtration,
✓ Ad	dvanced		Other	Describe:				cal Addition Facilities.
b. Indicate the fo	llowing remo	oval rates (as a	pplicable):					
Design BOD	removal or D	Design CBOD _s r	removal			90+	%	
Design SS ren		5				90+	%	
3						95	%	
Design P remo								
Design N remo	oval					85	%	
Other							%	
c. What type of d	disinfection is	s used for the e	ffluent from th	is outfall? If dis	sinfection varies	s by season, p	ease describe.	
Ultra Violet	(UV) Disinf	ection						
If disinfection i	is by chlorina	ation, is dechlor	ination used f	or this outfall?		Ye	s	No
d. Does the treat	ment plant h	ave post aerati	on?			✓ Ye	s	No
of 40 CFR Part 13	6 and other	r appropriate C	A/QC require	ements for st t least three s	andard method	ds for analyte nust be no mo	s not addresse re than four ar	n QA/QC requirements ed by 40 CFR Part 136. nd one-half years apart.
		1 1	AAVIMI IM DAI	-		A)/E	DACE DAILY V	ALLUE
PARAME	IER		MAXIMUM DAI				RAGE DAILY V	
		V	alue	Units	Valu	е	Units	Number of Samples
pH (Minimum)			7.0	s.u.				
pH (Maximum)			9.0	s.u.		1 1 18		all
Flow Rate			1.04	MGD	0.33	3		365 (Days) Continuous
Temperature (Winter)			17	°C	12		°C	90
Temperature (Summer) * For pH please re	port a minim		26 mum daily val	°C	24		°C	92
POLLUTANT		MAXIMU	M DAILY		GE DAILY DISC	CHARGE	ANALYTICA	L ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND N	NONCONVE	NTIONAL CON	POUNDS.					
BIOCHEMICAL OXYGEN	BOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DEMAND (Report one)	CBOD-5	66.0	mg/L	2.7	mg/L	155	5210B	2.0 mg/L
ECAL COLIFORM *		N/A	N/A	N/A	N/A	N/A	N/A	N/A
OTAL SUSPENDED SOL	IDS (TSS)	8.0	mg/L	4.4	mg/L	12	2540D	10.0 mg/L

END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

TOTAL SUSPENDED SOLIDS (TSS)

Mt. Jackson WWTP; VPDES Permit No. VA0026441

Form Approved 1/14/99 OMB Number 2040-0086

BA	SIC	C APPLICATION INFORMATION
PAR	T B.	ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
All a	pplica	ants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1.	Infl	low and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
		500,000 gpd during extreme wet weather conditions.
	Brie	efly explain any steps underway or planned to minimize inflow and infiltration.
		.8 million expended on line work and manhole rehabilitation in 2007.
B.2.	This	pographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. s map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show entire area.) See Figure 1 (Topographic Map) and Figure 2 (Facility Site Plan).
		The area surrounding the treatment plant, including all unit processes.
		The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which
		treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3.	back	cess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all sup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., rination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram. See Figure 3 - Block Flow Diagram
B.4.	Ope	ration/Maintenance Performed by Contractor(s).
		any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ractor?YesNo
		s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional es if necessary).
	Nam	ne:
	Mail	ing Address:
	Tele	phone Number:
	Res	ponsibilities of Contractor;
B.5.	unco	eduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or ompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the trent works has several different implementation schedules or is planning several improvements, submit separate responses to question for each. (If none, go to question B.6.)
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. YesNo

Mt. Jackson WWTP; VPDES Permit No. VA0026441

Form Approved 1/14/99 OMB Number 2040-0086

d.		ned independently of local	ctual dates of completion for the implementation steps listed below, as , State, or Federal agencies, indicate planned or actual completion dates,
		Schedule	Actual Completion
	Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
	- Begin construction	//	//
	 End construction 	//	//
	- Begin discharge	//	//
	- Attain operational level	//	
e.	Have appropriate permits/clearanc	es concerning other Federa	al/State requirements been obtained?YesNo
	Describe briefly:		

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

		AVERA	GE DAILY DISC	CHARGE		
Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVENTIONA	L COMPOUND	S.				
15.5	mg/L	0.9	mg/L	91	SM 4500-NH3 F	0.2 mg/L
N/A	N/A	N/A	N/A	N/A	N/A	N/A
12.5	mg/L	9.9	mg/L	365	SM 4500-O G	0.1 mg/L
14.2	mg/L	2.0	mg/L	24	ASTM D3950-02 (A)	0.5 mg/L
19.6	mg/L	2.9	mg/L	24	SM 4500-NO3 D/ HACH 8507	1.0/0.005 mg/L
<5.0	mg/L	<0.5	mg/L	3	EPA 1664A	5.0 mg/L
0.6	mg/L	0.11	mg/L	24	HACH 8190	0.05 mg/L
899.0	mg/L	861.3	mg/L	3	SM 2540 C	10 mg/L
N/A	N/A	N/A	N/A	N/A	N/A	N/A
	DISCI Conc. CONVENTIONA 15.5 N/A 12.5 14.2 19.6 <5.0 0.6 899.0	15.5 mg/L N/A N/A 12.5 mg/L 14.2 mg/L 19.6 mg/L <5.0 mg/L 0.6 mg/L 899.0 mg/L	DISCHARGE Conc. Units Conc.	DISCHARGE Conc. Units Conc. Units CONVENTIONAL COMPOUNDS. 0.9 mg/L 15.5 mg/L 0.9 mg/L N/A N/A N/A N/A 12.5 mg/L 9.9 mg/L 14.2 mg/L 2.0 mg/L 19.6 mg/L 2.9 mg/L <5.0	DISCHARGE Conc. Units Conc. Units Number of Samples CONVENTIONAL COMPOUNDS. 15.5 mg/L 0.9 mg/L 91 N/A N/A N/A N/A N/A 12.5 mg/L 9.9 mg/L 365 14.2 mg/L 2.0 mg/L 24 19.6 mg/L 2.9 mg/L 24 <5.0	DISCHARGE Conc. Units Number of Samples ANALYTICAL METHOD

END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBE	ER:	Form Approved 1/14/99
Mt. Jackson WWTP; VPDES Permit	No. VA0026441	OMB Number 2040-0086
BASIC APPLICATION INF	ORMATION	
PART C. CERTIFICATION		
All applicants must complete the Certifica applicants must complete all applicable s	sections of Form 2A, as explained in the a signing this certification statement, applic	termine who is an officer for the purposes of this certification. All Application Overview. Indicate below which parts of Form 2A you cants confirm that they have reviewed Form 2A and have completed
Indicate which parts of Form 2A you h	nave completed and are submitting:	
✓ Basic Application Informatio	n packet Supplemental Application	Information packet:
	Part D (Expande	ed Effluent Testing Data)
	Part E (Toxicity	Testing: Biomonitoring Data)
	✓ Part F (Industrial	User Discharges and RCRA/CERCLA Wastes)
	Part G (Combine	ed Sewer Systems)
ALL APPLICANTS MUST COMPLETE	THE FOLLOWING CERTIFICATION.	
designed to assure that qualified persons who manage the system or those persons belief, true, accurate, and complete. I an and imprisonment for knowing violations.	nel properly gather and evaluate the infor as directly responsible for gathering the in a aware that there are significant penaltie	ed under my direction or supervision in accordance with a system rmation submitted. Based on my inquiry of the person or persons aformation, the information is, to the best of my knowledge and es for submitting false information, including the possibility of fine
Name and official title Charles K. M	loore, Town Manager	
Signature Charle	s k. Mone	

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

(540) 477-2121

Date signed

Telephone number

Mt. Jackson WWTP; VPDES Permit No. VA0026441

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE		AV	EKAGE	DAILY	DISCHA					
	Conc.	Units	Mass	Units	Conc.	c. Units Mas	Mass	ss Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
METALS (TOTAL RECOVERABL	E), CYANIDE,	PHENO	LS, AND	HARDNE	SS.						
ANTIMONY	<0.01	mg/L	<0.03	#/day	<0.01	mg/L	<0.03	#/day	1	EPA 200.7	0.01 mg/L
ARSENIC	<0.004	mg/L	<0.012	#/day	<0.004	mg/L	<0.012	#/day	1	EPA 200.7	0.004 mg/L
BERYLLIUM	<0.001	mg/L	<0.003	#/day	<0.001	mg/L	<0.003	#/day	1	EPA 200.7	0.001 mg/L
CADMIUM	<0.002	mg/L	<0.006	#/day	<0.002	mg/L	<0.006	#/day	1	EPA 200.7	0.002 mg/L
CHROMIUM	<0.001	mg/L	<0 003	#/day	<0.001	mg/L	<0.003	#/day	1	EPA 200.7	0.001 mg/L
COPPER	<0.001	mg/L	< 0.003	#/day	<0.001	mg/L	<0.003	#/day	1	EPA 200.7	0.001 mg/L
EAD	<0.002	mg/L	<0.006	#/day	<0.002	mg/L	<0.006	#/day	1	EPA 200.7	0.002 mg/L
MERCURY	<0.0002	mg/L	<0.001	#/day	<0 0002	mg/L	<0.001	#/day	1	EPA 200.7	0.0002 mg/l
NICKEL	<0.01	mg/L	<0.03	#/day	<0.01	mg/L	<0.01	#/day	1	EPA 200.7	0.01 mg/L
SELENIUM	<0.01	mg/L	<0.03	#/day	<0.01	mg/L	<0.01	#/day	1	EPA 200.7	0.01 mg/L
SILVER	<0.004	mg/L	<0.012	#/day	<0.004	mg/L	<0.012	#/day	1	EPA 200.7	0.004 mg/L
THALLIUM	<0.004	mg/L	<0.012	#/day	<0.004	mg/L	<0.012	#/day	1	EPA 200.7	0.004 mg/L
ZINC	0 0337	mg/L	0.104	#/day	0.0337	mg/L	0.104	#/day	1	EPA 200.7	0.01 mg/L
CYANIDE	<0.01	mg/L	<0.03	#/day	<0.01	mg/L	<0.01	#/day	1	SM 4500-CN-C+E	0.01 mg/L
FOTAL PHENOLIC COMPOUNDS	<0.01	mg/L	<0.03	#/day	<0.01	mg/L	<0.01	#/day	1	EPA 420.1	0.01 mg/L
HARDNESS (AS CaCO ₃)	430.0	mg/L	1,331	#/day	430.0	mg/L	1,331	#/day	1	SM2340C	10.0 mg/L
Use this space (or a separate shee	et) to provide in	formatio	n on other	metals re	equested b	y the per	mit writer				,
See Appendix 1 for additional parame	ters containing A	tachment	A Dissolve	d Metals							

Mt. Jackson WWTP; VPDES Permit No. VA0026441

(Complete once for each outfall discharging effluent to waters of the United States.) Outfall number: 001 AVERAGE DAILY DISCHARGE POLLUTANT MAXIMUM DAILY DISCHARGE Conc Mass Units ANALYTICAL MI / MDI Units Conc Units Mass Units Number of METHOD Samples VOLATILE ORGANIC COMPOUNDS <50.0 ACROLEIN <50.0 ug/L <50.0 #/day ug/L <50.0 #/day 1 **EPA 8260B** 50.0 ug/L <10.0 ACRYLONITRILE <10.0 ug/L < 0.031 #/day ug/L < 0.031 #/day 1 **EPA 8260B** 10.0 ug/L BENZENE <1.00 ug/L #/day <1.00 ug/L #/day 1 **EPA 8260B** 1.00 ug/L < 0.003 < 0.003 < 0.003 **BROMOFORM** ug/L <1.00 <1.00 **EPA 8260B** #/day ug/L < 0.003 #/day 1 1.00 ug/L CARBON TETRACHLORIDE #/day <1.00 <1.00 ug/L < 0.003 ug/L < 0.003 #/day 1 **EPA 8260B** 1.00 ug/L CLOROBENZENE <1.00 ug/L < 0.003 #/day <1.00 ug/L #/day 1 **EPA 8260B** 1.00 ug/L CHLORODIBROMO-METHANE <1.00 ug/L #/day <1.00 ug/L #/day 1 **EPA 8260B** 1.00 ug/L < 0.003 < 0.003 CHLOROETHANE <1.00 <1.00 **EPA 8260B** ug/L < 0.003 #/day ug/L < 0.003 #/day 1 1.00 ug/L ug/L 2-CHLORO-ETHYLVINYL <50.0 < 0.16 #/day <50.0 ug/L < 0.16 #/day 1 **EPA 8260B** 50.0 ug/L ETHER #/day CHLOROFORM <1.00 < 1.00 #/day 1 **EPA 8260B** ug/L < 0.003 ug/L < 0.003 1.00 ug/L < 0.003 DICHLOROBROMO-METHANE <1.00 ug/L #/day <1.00 ug/L #/day **EPA 8260B** 1.00 ug/L 1.1-DICHLOROETHANE <1.00 ug/L < 0.003 #/day <1.00 ug/L #/day **EPA 8260B** 1.00 ug/L < 0.003 1.2-DICHLOROETHANE <1.00 ug/L < 0.003 #/day <1.00 ug/L < 0.003 #/day 1 **EPA 8260B** 1.00 ug/L TRANS-1,2-DICHLORO-ETHYLENE #/day #/day <1.00 ug/L <1.00 < 0.003 1 **EPA 8260B** 1.00 ug/L < 0.003 ug/L 1,1-DICHLOROETHYLENE <1.00 ug/L < 0.003 #/day <1.00 ug/L #/day 1 **EPA 8260B** 1.00 ug/L < 0.003 1,2-DICHLOROPROPANE <1.00 <1.00 ug/L ug/L < 0.003 1 **EPA 8260B** 1.00 ug/L < 0.003 #/day #/day <1.00 1.3-DICHLORO-PROPYLENE <1.00 ug/L < 0.003 #/day ug/L #/day 1 **EPA 8260B** 1.00 ug/L < 0 003 <1.00 **EPA 8260B** ETHYLBENZENE <1.00 ug/L < 0.003 #/day ug/L < 0.003 #/day 1 1.00 ug/L < 0.003 #/day <1.00 #/day **EPA 8260B** METHYL BROMIDE <1.00 ug/L ug/L 1 1.00 ug/L < 0.003 <1.00 METHYL CHLORIDE <1.00 ug/L < 0.003 #/day ug/L < 0.003 #/day 1 **EPA 8260B** 1.00 ug/L METHYLENE CHLORIDE < 0.003 #/day **EPA 8260B** <1.00 ug/L < 1.00 < 0 003 #/day 1 1.00 ug/L ug/L #/day **EPA 8260B** 1.1.2.2-TETRACHLORO-ETHANE < 1.00 < 0.003 <1.00 #/day 1 ug/L ug/L 1.00 ug/L < 0 003 TETRACHLORO-ETHYLENE <1.00 ug/L < 0.003 #/day <1.00 ug/L < 0.003 #/day 1 **EPA 8260B** 1.00 ug/L TOLUENE <1.00 <1.00 #/day **EPA 8260B** 1.00 ug/L ug/L < 0.003 #/day ug/L < 0.003 1

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Outfall number: 001	·								the United S		
POLLUTANT	N		M DAIL'	′	AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE	<1.00	ug/L	<0.003	#/day	<1.00	ug/L	<0 003	#/day	1	EPA 8260B	1.00 ug/L
1,1,2-TRICHLOROETHANE	<1.00	ug/L	<0 003	#/day	<1.00	ug/L	<0 003	#/day	1	EPA 8260B	1.00 ug/L
TRICHLORETHYLENE	<1.00	ug/L	<0.003	#/day	<1.00	ug/L	<0.003	#/day	1	EPA 8260B	1.00 ug/L
VINYL CHLORIDE	<1.00	ug/L	<0.003	#/day	<1.00	ug/L	<0.003	#/day	1	EPA 8260B	1.00 ug/L
Use this space (or a separate sheet) to	provide in	formation	n on other	volatile o	rganic cor	npounds	requested	d by the p	permit writer.		
See Appendix 1 for additional parameters	containing Al	ttachment	A VOCs								
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1.	EPA 8270D	10.0 ug/L
2-CHLOROPHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
2,4-DICHLOROPHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/l
2,4-DIMETHYLPHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/l
4,6-DINITRO-O-CRESOL	<50.0	ug/L	<0.16	#/day	<50.0	ug/L	<0.16	#/day	1	EPA 8270D	50.0 ug/L
2,4-DINITROPHENOL	<50.0	ug/L	<0.16	#/day	<50.0	ug/L	<0.16	#/day	1	EPA 8270D	50.0 ug/L
2-NITROPHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
4-NITROPHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
PENTACHLOROPHENOL	<50.0	ug/L	<0.16	#/day	<50.0	ug/L	<0.16	#/day	1	EPA 8270D	50.0 ug/L
PHENOL	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
2,4,6-TRICHLOROPHENOL	<10.0	ug/L	<0.03		<10.0	ug/L		#/day	1	EPA 8270D	10.0 ug/L
Use this space (or a separate sheet) to	provide in	formation	on other	acid-extra	actable co	mpounds	requeste	ed by the	permit writer.		
See Appendix 1 for additional parameters of	containing At	tachment	A Acid-Extr	actables							
BASE-NEUTRAL COMPOUNDS.	,										
ACENAPHTHENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
ACENAPHTHYLENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
ANTHRACENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
BENZIDINE	<50.0	ug/L	<0.16	#/day	<50.0	ug/L	<0.16	#/day	1	EPA 8270D	50.0 ug/l
BENZO(A)ANTHRACENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
BENZO(A)PYRENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/l

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Outfall number: 001 (Complete once for each outfall discharging										otates.)	
POLLUTANT	MAXIMUM DAILY DISCHARGE			A۱	/ERAGI	EDAILY	DISCH	ARGE			
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BENZO(GHI)PERYLENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BENZO(K)FLUORANTHENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BIS (2-CHLOROETHOXY) METHANE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BIS (2-CHLOROETHYL)-ETHER	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BIS (2-CHLOROISO-PROPYL) ETHER	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BIS (2-ETHYLHEXYL) PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
4-BROMOPHENYL PHENYL ETHER	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
BUTYL BENZYL PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
2-CHLORONAPHTHALENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
4-CHLORPHENYL PHENYL ETHER	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
CHRYSENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
DI-N-BUTYL PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
DI-N-OCTYL PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
DIBENZO(A,H) ANTHRACENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
1,2-DICHLOROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
1,3-DICHLOROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
1,4-DICHLOROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
3,3-DICHLOROBENZIDINE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
DIETHYL PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
DIMETHYL PHTHALATE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
2,4-DINITROTOLUENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
2,6-DINITROTOLUENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L
1,2-DIPHENYLHYDRAZINE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10 ug/L

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POLLUTANT	V		IM DAIL` HARGE	Y	A۱	/ERAGE	EDAILY	DISCHA	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
FLUORENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
HEXACHLOROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
HEXACHLOROBUTADIENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
HEXACHLOROCYCLO- PENTADIENE	<50.0	ug/L	<0.16	#/day	<50.0	ug/L	<0.16	#/day	1	EPA 8270D	10.0 ug/L
HEXACHLOROETHANE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
NDENO(1,2,3-CD)PYRENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
SOPHORONE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
NAPHTHALENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
NITROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
N-NITROSODI-N-PROPYLAMINE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
N-NITROSODI- METHYLAMINE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
N-NITROSODI-PHENYLAMINE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
PHENANTHRENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
PYRENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
1,2,4-TRICHLOROBENZENE	<10.0	ug/L	<0.03	#/day	<10.0	ug/L	<0.03	#/day	1	EPA 8270D	10.0 ug/L
Use this space (or a separate sheet) to	provide in	formation	on other	base-neu	itral comp	ounds re	quested b	y the per	mit writer.		
See Attachment 1 for additional paramet	ers containin	Attachm	ent A Base	Neutral Co	mpounds.						
Use this space (or a separate sheet) to	provide in	formation	on other	pollutant	s (e.g., pe	sticides)	requested	by the p	ermit writer.		

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
Mt. Jackson WWTP; VPDES Permit No. VA0026441	OMB Number 2040-00

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

* Toxicity Testing to be performed during course of issued permit First test scheduled for July 2011

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate

methods. If test summaries at If no biomonitoring data is required, do no complete.		formation requested below, they may be blication Overview for directions on white						
E.1. Required Tests.								
Indicate the number of whole effluen	t toxicity tests conducted in the pass	t four and one-half years.						
chronicacute								
E.2. Individual Test Data. Complete the following chart <u>for each whole effluent toxicity test conducted in the last four and one-half years.</u> Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.								
,		Test number:						
a. Test information.								
Test species & test method number								
Age at initiation of test								
Outfall number								
Dates sample collected								
Date test started								
Duration								
b. Give toxicity test methods follows	ed.							
Manual title								
Edition number and year of publication								
Page number(s)								
c. Give the sample collection method	od(s) used. For multiple grab sampl	es, indicate the number of grab sample	es used.					
24-Hour composite								
Grab								
d. Indicate where the sample was to	aken in relation to disinfection. (Che	ck all that apply for each)						
Before disinfection								
After disinfection								
After dechlorination								

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	Test number:	Test number:	Test number:
e. Describe the point in the treatme	ent process at which the sample was	collected	
Sample was collected:			
f. For each test, include whether th	ne test was intended to assess chroni	c toxicity, acute toxicity, or both.	
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performe	ed.		
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If labor	ratory water, specify type; if receiving	water, specify source.	
Laboratory water			
Receiving water			
i. Type of dilution water. It salt wat	ter, specify "natural" or type of artificia	al sea salts or brine used.	
Fresh water			
Salt water			
j. Give the percentage effluent use	d for all concentrations in the test ser	ies.	
	e test. (State whether parameter mee	ets test method specifications)	
рН			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
I. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Mt. Jackson WWTP; VPDES Permit No. VA0026441 Chronic: NOEC % % % IC₂₅ % % % % % % Control percent survival Other (describe) m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run (MM/DD/YYYY)? Other (describe) E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation? Yes No If yes, describe: E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results. Date submitted: (MM/DD/YYYY) Summary of results: (see instructions) END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

EACH ITY	NAME	AND	DEDMIT	NIIMBED.

Mt. Jackson WWTP; VPDES Permit No. VA0026441

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PA	RT F. INDUSTR	IAL USER DISCHARGES AND RCRA/CERCLA WASTES
	reatment works receiving plete Part F.	ving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must
GE	NERAL INFORMA	TION:
F.1.	Pretreatment Progra ✓ YesNo	m. Does the treatment works have, or is it subject to, an approved pretreatment program?
F.2.		int Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types t discharge to the treatment works.
	a. Number of non-ca	
	b. Number of CIUs.	0
SIG	NIFICANT INDUS	TRIAL USER INFORMATION:
		mation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 on requested for each SIU.
F.3.	Significant Industrial pages as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Bowman Apple Products Co., Inc
	Mailing Address:	10119 Old Valley Pike Mt. Jackson, Virginia 22842
F.4.		s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
F.5.		and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	See next page (Page 18A)
	Raw material(s):	Apples and associated food processing additives.
F.6.	Flow Rate.	
	per day (gpd) and	ter flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons whether the discharge is continuous or intermittent. gpd (
	system in gallons	tewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous orintermittent)
F.7.	Pretreatment Standa a. Local limits	rds. Indicate whether the SIU is subject to the following: ✓ Yes No
	b. Categorical pretre	
		al pretreatment standards, which category and subcategory?

Bowman Apple Products produces applesauce, apple juice, apple butter, and apple cider.

Co-packing products include teas, ades, isotonic drinks, enhanced waters, and juices.

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the upsets, interference) at the treatment works in the past three years?	ne SIU. Has the SIU caused or contributed to any problems (e.g.,
✓ YesNo If yes, describe each episode.	
Various episodes have occurred. High organic strength wastewate	r has created excess solids generation and
nutrient deficiences. SIU recently added nutrient addition facilities.	
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDI	CATED PIPELINE:
F.9. RCRA Waste. Does the treatment works receive or has it in the past three pipe?Yes _✓_No (go to F.12.)	years received RCRA hazardous waste by truck, rail, or dedicated
F.10. Waste Transport. Method by which RCRA waste is received (check all that	at apply):
TruckRailDedicated Pipe	
F.11. Waste Description. Give EPA hazardous waste number and amount (volu	
EPA Hazardous Waste Number Amount	<u>Units</u>
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTE	
F.12. Remediation Waste. Does the treatment works currently (or has it been no	otified that it will) receive waste from remedial activities?
Yes (complete F.13 through F.15.) ✓ No	,
Provide a list of sites and the requested information (F.13 - F.15.) for each	current and future site.
Edo Mark Origin Describe the site and her of facility of which the OFFOLA	2004
F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/fin the next five years).	RCRA/or other remedial waste originates (or is expected to originate
, , , , , , , , , , , , , , , , , , , ,	
F.14. Pollutants. List the hazardous constituents that are received (or are expect	ted to be received). Include data on volume and concentration, if
known. (Attach additional sheets if necessary).	
F.15. Waste Treatment.	
a. Is this waste treated (or will it be treated) prior to entering the treatment	works?
YesNo	
If yes, describe the treatment (provide information about the removal ef	riciency);
b. Is the discharge (or will the discharge be) continuous or intermittent?	
	escribe discharge schedule.
Continuousintermittent in intermittent, o	ssame albeitarge solledate.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Mt. Jackson WWTP: VPDES Permit No. VA0026441 SUPPLEMENTAL APPLICATION INFORMATION PART G. COMBINED SEWER SYSTEMS N/A If the treatment works has a combined sewer system, complete Part G. G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information) a. All CSO discharge points. b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters) c. Waters that support threatened and endangered species potentially affected by CSOs. G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information: a. Locations of major sewer trunk lines, both combined and separate sanitary. b. Locations of points where separate sanitary sewers feed into the combined sewer system. c. Locations of in-line and off-line storage structures. d. Locations of flow-regulating devices. e. Locations of pump stations. CSO OUTFALLS: N/A Complete questions G.3 through G.6 once for each CSO discharge point. G.3. Description of Outfall. a. Outfall number b. Location

f.	How many storm events were monitored during the last year?
csc	Events.
a.	Give the number of CSO events in the last year.
	events (actual or approx.)
b.	Give the average duration per CSO event.
	hours (actual or approx.)

(Zip Code)

(Longitude)

(State)

ft.

CSO frequency

(City or town, if applicable)

(County)

(Latitude)

e. Which of the following were monitored during the last year for this CSO?

CSO pollutant concentrations

Receiving water quality

c. Distance from shore (if applicable)

d. Depth below surface (if applicable)

CSO flow volume

Rainfall

G.4.

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Mt. Jackson WWTP; VPDES Permit No. VA0026441 c. Give the average volume per CSO event. ___ million gallons (____ actual or ____ approx.) d. Give the minimum rainfall that caused a CSO event in the last year. inches of rainfall G.5. Description of Receiving Waters. Name of receiving water: b. Name of watershed/river/stream system:__ United States Soil Conservation Service 14-digit watershed code (if known): c. Name of State Management/River Basin: United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE				
POLLUTANT	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
E. Coli	2419	N/CML	2 *	N/CML	157	EPA 1603	1

^{*} Geometric Mean

VPDES SLUDGE APPLICATION

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1.	All applicants must complete Section A (General Information).				
2.	Does this facility generate sewage sludge? X YesNo				
	Does this facility derive a material from sewage sludge? Yes \underline{X} No				
	If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).				
3. Does this facility apply sewage sludge to the land? Yes X No					
	Is sewage sludge from this facility applied to the land? Yes \underline{X} No				
	If you answer "No" to all above, skip Section C.				
	If you answered "Yes" to either, answer the following three questions:				
	a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? Yes No				
	 Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? Yes No 				
	c. Is sewage sludge from this facility sent to another facility for treatment or blending? Yes No				
	If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).				
	If you answered "Yes" to a, b or c, skip Section C.				
4.	Do you own or operate a surface disposal site? Yes X No				
	If "Yes", complete Section D (Surface Disposal).				

2.

3.

VPDES PERMIT NUMBER: VA0026441

SECTION A. GENERAL INFORMATION

All	app	licants must complete this section.				
1.	Fac	cility Information.				
	a.	. Facility name: Mt. Jackson WWTP				
	b.	Contact person: Gale Netz				
		Title: Chief Operator				
		Phone: (540) 477-3225				
	c.	Mailing address:				
		Street or P.O. Box: P.O. Box 487				
		City or Town: Mt. Jackson State: Virginia Zip: 22842				
	d.	Facility location:				
		Street or Route #: 556 Red Bank's Road				
		County: Shenandoah				
		City or Town: Mt. Jackson State: Virginia Zip: 22842				
	e.	Is this facility a Class I sludge management facility? Yes No				
	f.	Facility design flow rate: 0.70 mgd				
	g.	Total population served: 1864				
	h.	Indicate the type of facility:				
		X Publicly owned treatment works (POTW)				
		Privately owned treatment works				
		Federally owned treatment works				
		Blending or treatment operation				
		Surface disposal site				
		Other (describe):				
2.	Ap	plicant Information. If the applicant is different from the above, provide the following:				
	a.	Applicant name: Town of Mt. Jackson				
	b.	Mailing address:				
		Street or P.O. Box: P.O. Box 487				
		City or Town: Mt. Jackson State: Virginia Zip: 22842				
	C	Contact person: Charles K. Moore, III				
		Title: Town Manager				
		Phone: (540) 477-2121				
	d.	Is the applicant the owner or operator (or both) of this facility? X owner X operator				
	e.	Should correspondence regarding this permit be directed to the facility or the applicant? facility X applicant				
3.	Per	mit Information.				
	a.	Facility's VPDES permit number (if applicable): VA0026441				
	b.	List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied				
for	that	regulate this facility's sewage sludge management practices:				
		Permit Number: Type of Permit:				

VPDES PERMIT NUMBER: VA0026441

4.	Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this
	facility occur in Indian Country? Yes \underline{X} No If "Yes", describe:

- 5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: See Figure 1 (topographic map) and Figure 2 (facility plan view).
 - Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
- 6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. See Figure 3 Block Flow Diagram

7.	Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation treatment, use or disposal the responsibility of a contractor? Yes \underline{X} No				
	If "Yes", provide the following for each contractor (attach additional pages if necessary).				
	Name:				
	Mailing address:				
	Street or P.O. Box:				
	City or Town:				
	Phone: ()				
	Contractor's Federal, State or Local Permit	t Number(s) applicable to this facility's se	ewage sludge:		

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	1.90	6/3/11	6010C	0.396
Cadmium	0.453	6/3/11	6010C	0.040
Chromium	10.6	6/3/11	6010C	0.079
Copper	130.0	6/3/11	6010C	0.159
Lead	5.08	6/3/11	6010C	0.396
Mercury	0.113	6/3/11	7471B	0.010
Molybdenum	2.77	6/3/11	6010C	0.396
Nickel	6.64	6/3/11	6010C	0.396
Selenium	2.39	6/3/11	6010C	0.396
Zinc	217.0	6/3/11	6010C	0.396

NOTE: Additional analytical results provided in Appendix 2.

VPDES PERMIT NUMBER: VA0026441

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
 X Section A (General Information)
 X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

Section D (Surface Disposal)

X Section C (Land Application of Bulk Sewage Sludge)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Charles K. Moore, III / Town Manag	ger I I	
Signature Charles More	Date Signed 6/30///	

Telephone number (540) 477-2121

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 1,000 dry metric tons

a.	Facility name:			
b.				
	Title:			
	Phone: ()			
c.	Mailing address:			
	Street or P.O. Box:			
	City or Town: State: Zip:			
d.	Facility location:			
	(not P.O. Box)			
e.	Total dry metric tons per 365-day period received from this facility: dry metric tons			
f.	Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:			
Ta.	Treatment Provided at Your Facility. a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?			
ш.	Class A X Class B Neither or unknown			
b.				
	pathogens in sewage sludge: Aerobic Digestion			
c.	Which vector attraction reduction option is met for the sewage sludge at your facility?			
	Option 1 (Minimum 38 percent reduction in volatile solids)			
	Option 2 (Anaerobic process, with bench-scale demonstration)			
	Option 3 (Aerobic process, with bench-scale demonstration)			
	X Option 4 (Specific oxygen uptake rate for aerobically digested sludge)			
	Option 5 (Aerobic processes plus raised temperature)			
	Option 6 (Raise pH to 12 and retain at 11.5)			
	Option 7 (75 percent solids with no unstabilized solids)			
	Option 8 (90 percent solids with unstabilized solids)			
	None or unknown			
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector			
d.				
d.	attraction properties of sewage sludge: Aerobic Digestion			
d.				

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

VPDES PERMIT NUMBER: VA0026441

	a.	Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:				
		dry metric tons				
	b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? Yes No				
5.	Sal	e or Give-Away in a Bag or Other Container for Application to the Land. N/A				
		emplete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land polication. Skip this question if sewage sludge is covered in Question 4.)				
	a.	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for				
		sale or give-away for application to the land: dry metric tons				
	b.	Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.				
6.	Shi	pment Off Site for Treatment or Blending. N/A				
	(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)					
	a.	Receiving facility name:				
	b.	Facility contact:				
		Title:				
		Phone: ()				
	C.	Mailing address:				
		Street or P.O. Box:				
		City or Town: State: Zip:				
	d.	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:				
		dry metric tons				
	List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:					
		Permit Number: Type of Permit:				
	f.	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?				
		Yes No Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?				
		Class A Class B Neither or unknown				
		Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce				
		pathogens in sewage sludge:				
	g.	Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? Yes No				
		Which vector attraction reduction option is met for the sewage sludge at the receiving facility?				
		Option 1 (Minimum 38 percent reduction in volatile solids)				
		Option 1 (Minimum 38 percent reduction in volatile sories)				
		Option 2 (Anaerobic process, with bench-scale demonstration)				

ACILITY NAME: Mt. Jackson WWTP		VPDES PERMIT NUMBER: VA0026441
	Option 5 (Aerobic processes plus raised temperatur	·e)
	Option 6 (Raise pH to 12 and retain at 11.5)	
	Option 7 (75 percent solids with no unstabilized so	lids)
	Option 8 (90 percent solids with unstabilized solids	3)
	None unknown	
	Describe, on this form or another sheet of paper, any treats	ment processes used at the receiving facility to reduce
	vector attraction properties of sewage sludge:	
h.	Does the receiving facility provide any additional treatment Yes No	nt or blending not identified in f or g above?
	If "Yes", describe, on this form or another sheet of paper,	the treatment processes not identified in f or g above:
i.	If you answered "Yes" to f, g or h above, attach a copy of comply with the "notice and necessary information" requir	rement of 9 VAC 25-31-530.G.
j	Does the receiving facility place sewage sludge from your application to the land? Yes No	facility in a bag or other container for sale or give-away f
	If "Yes", provide a copy of all labels or notices that accom-	npany the product being sold or given away.
k.	Will the sewage sludge be transported to the receiving fac such purposes? Yes No. If "No", provid transport the sewage sludge to the receiving facility.	
	Show the haul route(s) on a location map or briefly describ	be the haul route below and indicate the days of the week
	and the times of the day sewage sludge will be transported	
(Ca	nd Application of Bulk Sewage Sludge. N/A complete Question 7.a if sewage sludge from your facility is estions 4, 5 or 6. Complete Question 7.b, c & d only if you	
	Total dry metric tons per 365-day period of sewage sludge	
u.	dry metric tons	applied to all falle application sites.
b.	Do you identify all land application sites in Section C of the	nis application? Yes No
	If "No", submit a copy of the Land Application Plan (LAP accordance with the instructions).	•
C.	Are any land application sites located in States other than	Virginia? Yes No
	If "Yes", describe, on this form or on another sheet of pap- where the land application sites are located. Provide a cop	
d.	Attach a copy of any information you provide to the owner the "notice and necessary" information requirement of 9 V Appendix IV).	

VPDES PERMIT NUMBER: VA0026441

8. Surface Disposal. N/A

a.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal			
	sites: dry metric tons			
b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? Yes No			
	If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.			
c.	Site name or number:			
d.	Contact person:			
	Title:			
	Phone: ()			
	Contact is: Site Owner Site operator			
e.	Mailing address:			
	Street or P.O. Box:			
	City or Town: State: Zip:			
f.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal			
	site: dry metric tons			
	Permit Number: Type of Permit:			
	ineration. N/A			
(Ca	ineration. N/A omplete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)			
(Ca	ineration. N/A implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge			
(Co a.	ineration. N/A omplete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)			
(Co a.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No			
(Co a. b.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage			
(Caa. b.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.			
b.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title:			
b.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: () Phone			
(Caa. b.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title:			
(Caa. b. c. d.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: () Phone			
b.	ineration. N/A implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: () Contact is: Incinerator Owner Incinerator Operator Mailing address:			
(Caa. b. c. d.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: ()			
(Ca a. b. c. d.	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: () Contact is: Incinerator Owner Incinerator Operator Mailing address: Street or P.O. Box:			
	ineration. N/A Implete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. Incinerator name or number: Contact person: Title: Phone: () Contact is: Incinerator Owner Incinerator Operator Mailing address: Street or P.O. Box: City or Town: State: Zip:			

FACILITY NAME: Mt. Jackson WWTP VPDES PERMIT NUMBER: VA0026441 of sewage sludge at this incinerator: Permit Number: Type of Permit: 10A. Disposal in a Municipal Solid Waste Landfill. (Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.) a. Landfill name: Shenandoah County Landfill b. Contact person: Brad Dellinger Title: Operations Manager Phone: (540) 984-8573 Contact is: Landfill Owner X Landfill Operator c. Mailing address: Street or P.O. Box: 349 Landfill Road City or Town: Edinburg State: Virginia Zip: 22824 d. Landfill location. Street or Route #: 349 Landfill Road County: Shenandoah City or Town: Edinburg State: Virginia Zip:22824 e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: 500 dry metric tons f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Type of Permit: Permit Number: 469 Solid Waste g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? X Yes No h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? X Yes No Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? X Yes No Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Haul route illustrated on Figure 4. Sludge hauling is on an "asneeded" basis, 8:00 am - 4:00 pm Monday through Friday.

NOTE: Acceptance letter provided in Appendix 3.

FACILITY NAME: Mt. Jackson WWTP VPDES PERMIT NUMBER: VA0026441

10.B Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

	Landini name. Battle	Seek Landini				
b.	Contact person: Lynd	Contact person: Lynda Minke				
	Title: Solid Waste Fac	ilíties Manager				
	Phone: (540) 743-385	4				
	Contact is: La	ndfill Owner X Landfill Operator				
C.	Mailing address:					
	Street or P.O. Box: 21	2 Landfill Drive				
	City or Town: Luray S	tate: Virginia Zip: 22835				
d.	Landfill location.					
	Street or Route #: 806	US Highway 340N				
	County: Page					
	City or Town: Luray	State: Virginia Zip: 22835				
e.	Total dry metric tons p	er 365-day period of sewage sludge placed in this municipal solid waste landfill:				
	500 dry metric tons					
f.	List, on this form or ar municipal solid waste	attachment, the numbers of all federal, state or local permits that regulate the operation of this andfill:				
	Permit Number:	Type of Permit:				
	579	Solid Waste				
g.		eet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-the quality of materials disposed in a municipal solid waste landfill?				
g. h.	10 et seq., concerning X Yes No Does the municipal so					
	10 et seq., concerning X Yes No Does the municipal so Management Regulation	the quality of materials disposed in a municipal solid waste landfill? id waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste on, 9 VAC 20-80-10 et seq.? X Yes No other container used to transport sewage sludge to the municipal solid waste landfill be				

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1.	Ide	entification of Land Application Site.				
	a.	a. Site name or number: Contract Application with Houff's Feed & Fertilizer Co., Inc. at various permitted agricultural lands.				
	b.	Site location (Complete i and ii)				
		i. Street or Route#:				
		County:				
		City or Town: State: Zip:				
		ii. Latitude: Longitude:				
		Method of latitude/longitude determination USGS mapFiled surveyOther				
	C.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.				
2.	Ov	vner Information.				
	a.	Are you the owner of this land application site? Yes \underline{X} No				
	b.	If "No", provide the following information about the owner:				
		Name: Various sites contracted through Houff's Feed & Fertilizer Co., Inc.				
		Street or P.O. Box:				
		City or Town: State: Zip:				
		Phone: ()				
3.	Ap	plier Information:				
	a.	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site Yes X No	?			
	b.	If "No", provide the following information for the person who applies the sewage sludge:				
		Name: Houff's Feed & Fertilizer Co., Inc.				
		Street or P.O. Box: 97 Railside Drive				
		City or Town: Weyers Cave State: Virginia Zip: 24486				
		Phone: (540) 234-9246				
	c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:					
		Permit Number: Type of Permit:				
		VPA01566 Land Application – Augusta County				
		VPA01580 Land Application – Rockbridge County				
		VPA01581 Land Application – Rockingham County				
4.	Sit	e Type. Identify the type of land application site from among the following:				
		X Agricultural land Reclamation site Forest				
		Public contact site Other (describe				
		Fubile Collider Site Other (describe				

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5.	Ve	ector Attraction Reduction.					
	Ar	e any vector attraction reduction requirements met when sewage sludge is applied to the land application site? Yes X No If "Yes", answer a and b. NOTE: Vector attraction reduction accomplished by aerobic digestion at WWTP.					
	a.	Indicate which vector attraction reduction option is met:					
		Option 9 (Injection below land surface)					
		Option 10 (Incorporation into soil within 6 hours)					
	b.	Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:					
6.	Cu	amulative Loadings and Remaining Allotments. NOTE: By Land Application Contractor.					
		omplete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative flutant loading rates (CPLRs) - see instructions.)					
	a.	Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? Yes No					
		If "No", sewage sludge subject to the CPLRs may not be applied to this site.					
		If "Yes", provide the following information:					
		Permitting authority:					
		Contact person:					
		Phone: ()					
	b.	Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? Yes No _ If "No", skip the rest of Question 6. If "Yes", answer questions c - e.					
	c.	Site size, in hectares: (one hectare = 2.471 acres)					
	d.	d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.					
		Facility name:					
		Facility contact:					
		Title:					
		Phone: ()					
		Mailing address.					
		Street or P.O. Box:					
		City or Town: State: Zip:					
	e.	Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants: Cumulative loading Allotment remaining					
		Arsenic					
		Cadmium					
		Copper					
		Lead					
		Mercury					
		Nickel					

Selenium Zinc

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Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7.	Slu	dge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.
		PCBs (mg/kg)
		pH (S. U.)
		Percent Solids (%) See Appendix 2 for analytical data required for current
		Ammonium Nitrogen (mg/kg) disposal practices.
		Nitrate Nitrogen (mg/kg)
		Total Kjeldahl Nitrogen (mg/kg)
		Total Phosphorus (mg/kg)
		Total Potassium (mg/kg)
		Alkalinity as CaCO ₃ * (mg/kg)
		* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO ₃ .
8.	Sto	rage Requirements. N/A
	inc	sting and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis proporating such factors as storage capacity, sludge production and land application schedule. Include pertinent ulations justifying storage requirements.
	Pro	posed sludge storage facilities must also provide the following information:
	a.	A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
	b.	1) Water wells, abandoned or operating 2) Surface waters 3) Springs 4) Public water supply(s) 5) Sinkholes 6) Underground and/or surface mines 7) Mine pool (or other) surface water discharge points 8) Mining spoil piles and mine dumps 9) Quarry(s) 10) Sand and gravel pits 11) Gas and oil wells 12) Diversion ditch(s) 13) Agricultural drainage ditch(s) 14) Occupied dwellings, including industrial and commercial establishments 15) Landfills or dumps 16) Other unlined impoundments 17) Septic tanks and drainfields 18) Injection wells 19) Rock outcrops A topographic map of sufficient detail to clearly show the following information:
	b.	 A topographic map of sufficient detail to clearly show the following information: Maximum and minimum percent slopes Depressions on the site that may collect water Drainageways that may attribute to rainfall run-on to or runoff from this site Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
	С	Data and specifications for the storage facility lining material

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent

water table.

d. Plan and cross-sectional views of the storage facility.

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- 9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application. N/A
- **10.** Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant. **N/A**

11. Ground Water Monitoring. N/A

Are any ground water monitoring data available for this land application site? Yes No

If "Yes", submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information. N/A

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

- a. Provide a general location map for each county which clearly indicates the location of all the land application sites.
- b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U.S. Fish and Wildlife Service

Virginia Field Office

P.O. Box 480

White Marsh, VA 23183

TEL: (804) 693-6694

Provide a copy of the notification letter with this application form.

 d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)

Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

- 1) Soil symbol
- 2) Soil series, textural phase and slope range
- 3) Depth to seasonal high water table
- 4) Depth to bedrock
- 5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

- e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
 - 1) Soil symbol
 - 2) Soil series, textural phase and slope range
 - 3) Depth to seasonal high water table
 - 4) Depth to bedrock
 - 5) Estimated soil productivity group (for the proposed crop rotation)

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f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)	
Soil pH (std. units)	
Cation Exchange Capacity (meq/100g)	
Total Nitrogen (ppm)	
Organic Nitrogen (ppm)	
Ammonia Nitrogen (ppm)	
Nitrate Nitrogen (ppm)	
Available Phosphorus (ppm)	
Exchangeable Potassium (mg/100g)	
Exchangeable Sodium (mg/100g)	
Exchangeable Calcium (mg/100g)	
Exchangeable Magnesium (mg/100g)	
Arsenic (ppm)	
Cadmium (ppm)	
Copper (ppm)	
Lead (ppm)	
Mercury (ppm)	
Molybdenum (ppm)	
Nickel (ppm)	
Selenium (ppm)	
Zinc (ppm)	
Manganese (ppm)	
Particle Size Analysis or USDA Textural Estimate (%)	-
rathere Size Analysis of USDA Textural Estillate (70)	

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

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SEWAGE SLUDGE APPLICATION AGREEMENT N/A – By Land Application Contractor

Th	is sewage sludge application agreement is made on this dat	re	between
		landowner", and	,
ref	erred to here as the "Permittee".		
Lai	ndowner is the owner of agricultural land shown on the ma	p attached as Exhibit A and designated ther	e as
cer	("landowner's land") tain permit requirements following application of sewage s	 Permittee agrees to apply and landowner sludge on landowner's land in amounts and 	
a n	nanner authorized by VPDES permit number	which is held by the Permitte	e.
cor	ndowner acknowledges that the appropriate application of additioning to the property. Moreover, landowner acknowledth, the following site restrictions must be adhered to when function:	edges having been expressly advised that, ir	order to protect public
1.	Food crops with harvested parts that touch the sewage slube harvested for 14 months after application of sewage sl		land surface shall not
2.	Food crops with harvested parts below the surface of the sewage sludge when the sewage sludge remains on the la soil;		
3.	Food crops with harvested parts below the surface of the sewage sludge when the sewage sludge remains on the la soil;		
4.	Food crops, feed crops, and fiber crops shall not be harve	ested for 30 days after application of sewag	e sludge;
5.	Animals shall not be grazed on the land for 30 days after	application of sewage sludge;	
6.	Turf grown on land where sewage sludge is applied shall sludge when the harvested turf is placed on either land w specified by the State Water Control Board;		
7.	Public access to land with a high potential for public expessuage;	osure shall be restricted for one year after a	pplication of sewage
8.	Public access to land with a low potential for public exposludge.	sure shall be restricted for 30 days after ap	plication of sewage
9.	Tobacco, because it has been shown to accumulate cadm following the application of sewage sludge borne cadmiu		
spe	mittee agrees to notify landowner or landowner's designee cifically prior to any particular application to landowner's ten notice to the address specified below.		
	Landowner:	Permittee:	
	Signature	Signature	
	Mailing Address	Mailing Address	

SECTION D. SURFACE DISPOSAL N/A

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1.	Inf	rmation on Active Sewage Sludge Units.
	a.	Unit name or number:
	b.	Unit location
	Street or Route#:	
		County:
		City or Town: State: Zip:
		ii. Latitude: Longitude:
		Method of latitude/longitude determination USGS mapFiled surveyOther
	c.	Γοροgraphic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
	d.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:
		dry metric tons.
	e.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:
		dry metric tons.
	f.	Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1 x 10 ⁻⁷ cm/sec? Yes No If "Yes", describe the liner or attach a description.
	g.	Does the active sewage sludge unit have a leachate collection system? Yes No If "Yes", describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:
	h.	If you answered "No" to either f or g, answer the following: Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal
		site?YesNo If "Yes", provide the actual distance in meters:
	i.	Remaining capacity of active sewage sludge unit, in dry metric tons: dry metric tons
		Anticipated closure date for active sewage sludge unit, if known:(MM/DD/YYYY)
		Provide with this application a copy of any closure plan developed for this active sewage sludge unit.
2.	Sev	age Sludge from Other Facilities.
	Is s	wage sludge sent to this active sewage sludge unit from any facilities other than yours? Yes No
	If"	es", provide the following information for each such facility, attach additional sheets as necessary.
	a.	Facility name:
	b.	Facility contact:
		Title:
		Phone: ()
	c.	Mailing address:
		Street or P.O. Box:
		City or Town: State: Zip:

2.

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d.	List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:				
	Permit Number: Type of Permit:				
e.	Which class of pathogen reduction is achieved before sewage sludge leaves the other facility? Class A Class B Neither or unknown				
f.	Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:				
g.	Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?				
	Option 1 (Minimum 38 percent reduction in volatile solids)				
	Option 2 (Anaerobic process, with bench-scale demonstration)				
	Option 3 (Aerobic process, with bench-scale demonstration)				
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)				
	Option 5 (Aerobic processes plus raised temperature)				
	Option 6 (Raise pH to 12 and retain at 11.5)				
	Option 7 (75 percent solids with no unstabilized solids)				
	Option 8 (90 percent solids with unstabilized solids)				
	None or unknown				
h.	Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:				
i.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:				
	other facility that are not identified in e - if above.				
Ve	ector Attraction Reduction.				
a.	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?				
	Option 9 (Injection below land surface)				
	Option 10 (Incorporation into soil within 6 hours)				
	Option 11 (Covering active sewage sludge unit daily)				
b.	Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit				
	to reduce vector attraction properties of sewage sludge:				
Gr	round Water Monitoring.				
a.	Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring dat otherwise available for this active sewage sludge unit? Yes No				
	If "Yes", provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these				

3.

VPDES PERMIT NUMBER: VA0026441

		data.
	b.	Has a ground water monitoring program been prepared for this active sewage sludge unit? Yes No If "Yes", submit a copy of the ground water monitoring program with this application.
	C.	Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? Yes No
		If "Yes", submit a copy of the certification with this application.
5.	Sit	e-Specific Limits.
		e you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit? Yes No If "Yes", submit information to support the request for site-specific pollutant limits with this plication.

VIRGINIA POLLUTION ABATEMENT APPLICATION

FORM D

MUNICIPAL EFFLUENT AND BIOSOLIDS

PART D-V NON-HAZARDOUS WASTE DECLARATION

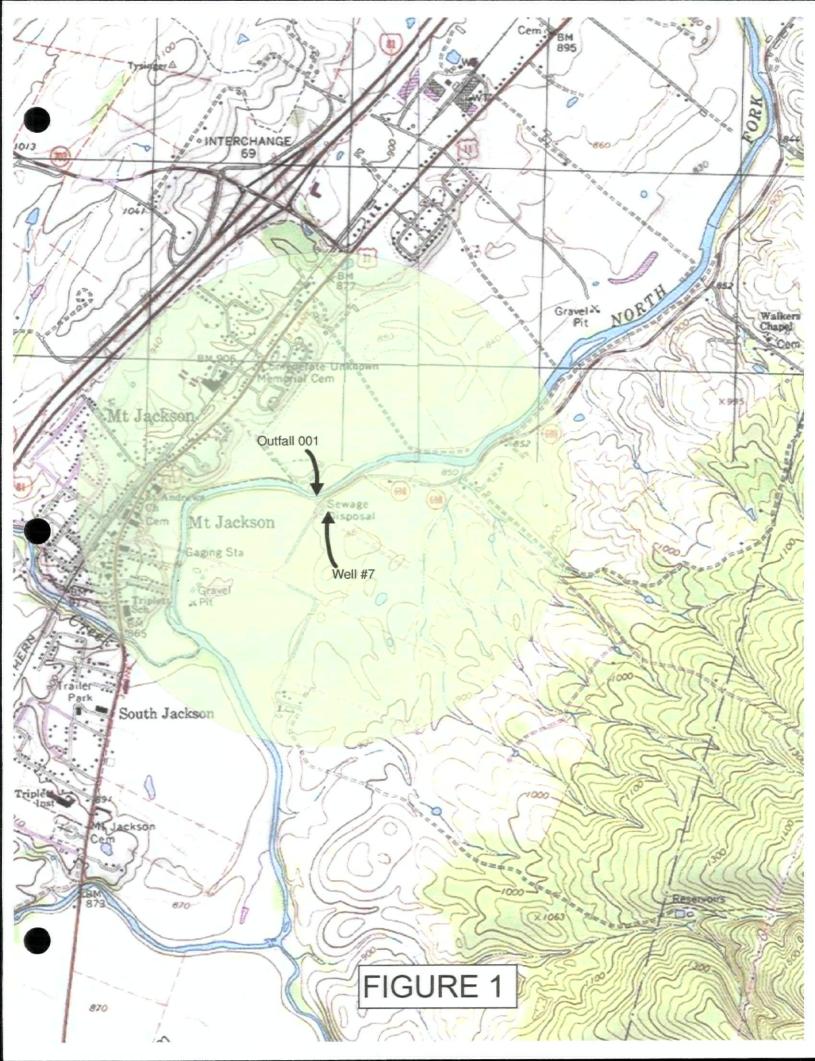
For waste to be land applied, the owner, as defined by 9 VAC 25-32, must sign the following statement.

I certify that the waste described in this application is non-hazardous and not regulated under the Resource Conservation and Recovery Act or the Virginia Hazardous Waste Management Regulation (9 VAC 20-60).

Charles K. More, Town Manager Date: 6/30/11
(Signature of Owner)

Rev. 4-2009 15

FIGURES



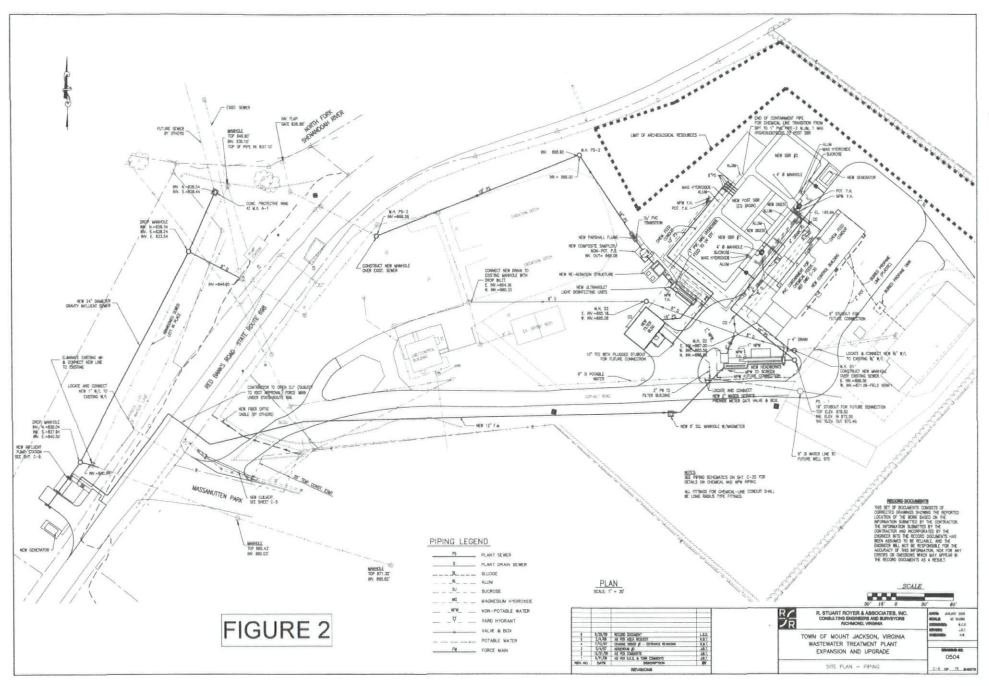
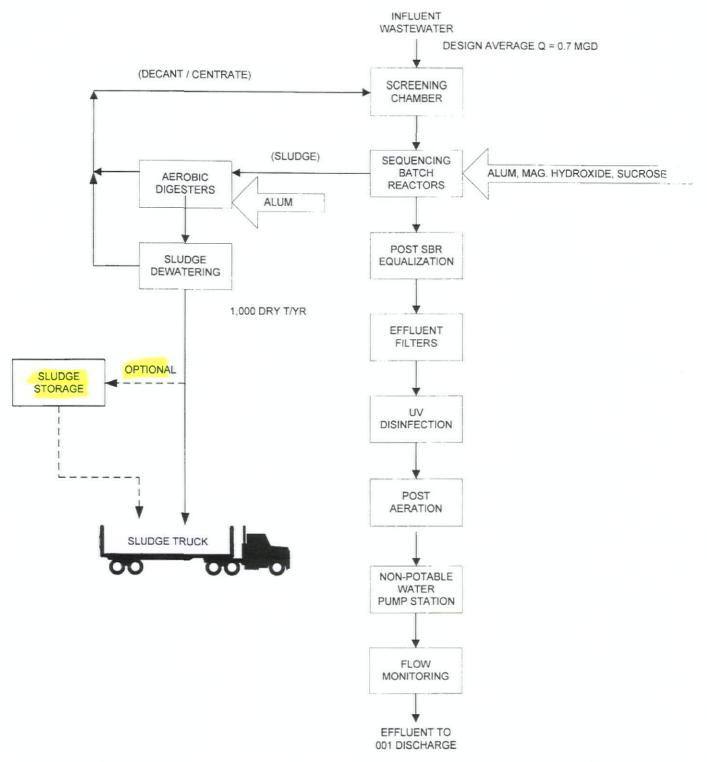


FIGURE 3 BLOCK FLOW DIAGRAM



racid 3.33.11

A simplified block flow diagram for the Mt. Jackson Wastewater Treatment Plant is shown in Figure 3. This flow diagram is provided to supplement the narrative description of the treatment process unit operations, which follows.

The facility is equipped with a mechanical screen (with manual screen as backup) and grit removal system to protect downstream pumps and equipment. The wastewater is then directed to the biological treatment processes. The SBR system represents a variation of the activated sludge process. Rather than having a separate equalization basin, aeration basin, and clarifier (with return activated sludge), typical for most activated sludge processes, the SBR system acts as an equalization basin, aeration basin, and clarifier within a single reactor. The termination of flow and aeration during the treatment process provides quiescent settling conditions in the reactor, permitting fine particles to settle.

Aluminum sulfate (alum) will be metered into the SBR and/or digesters system to chemically remove reactive phosphorus. Supplemental alkalinity (magnesium hydroxide) can be fed to the SBR system on a flow proportional basis. Sucrose can also be added to the SBR system, during the "React Fill" or "React Phases" as an additional carbon source for denitrification.

The discharge from the SBR basins is often four to five times the rated hydraulic capacity of the plant. To minimize the size of subsequent treatment units, a post equalization basin is provided. The forward flow from the post equalization basin is directed to the effluent filter and UV disinfection system. A pump station is provided as a source for non-potable water. Following flow metering, the wastewater is discharged to the Shenandoah River (Outfall 001).

Waste sludge, generated during the organic degradation process in the SBR units, is directed to the aerobic digesters. The sludge is aerated to meet the mixing requirement as well as the aeration rate required for the digestion of the volatile solids in the sludge. The digesters can be decanted to provide additional storage capacity. The treated sludge is then dewatered using a "fan-press" or centrifuge. Dewatered sludge is then removed from the facility for proper disposal. In the event dewatered sludge cannot be transported from the facility (e.g., inclement weather, receiving facility closed, etc.), sludge may be temporarily stored in the sludge storage area.

W. 8.33.

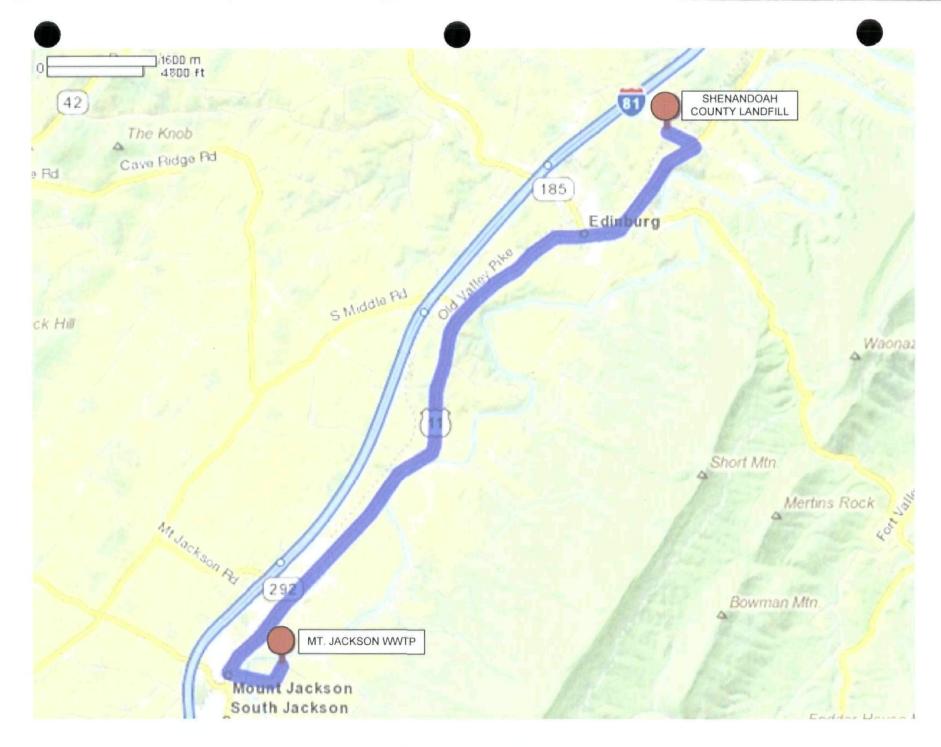
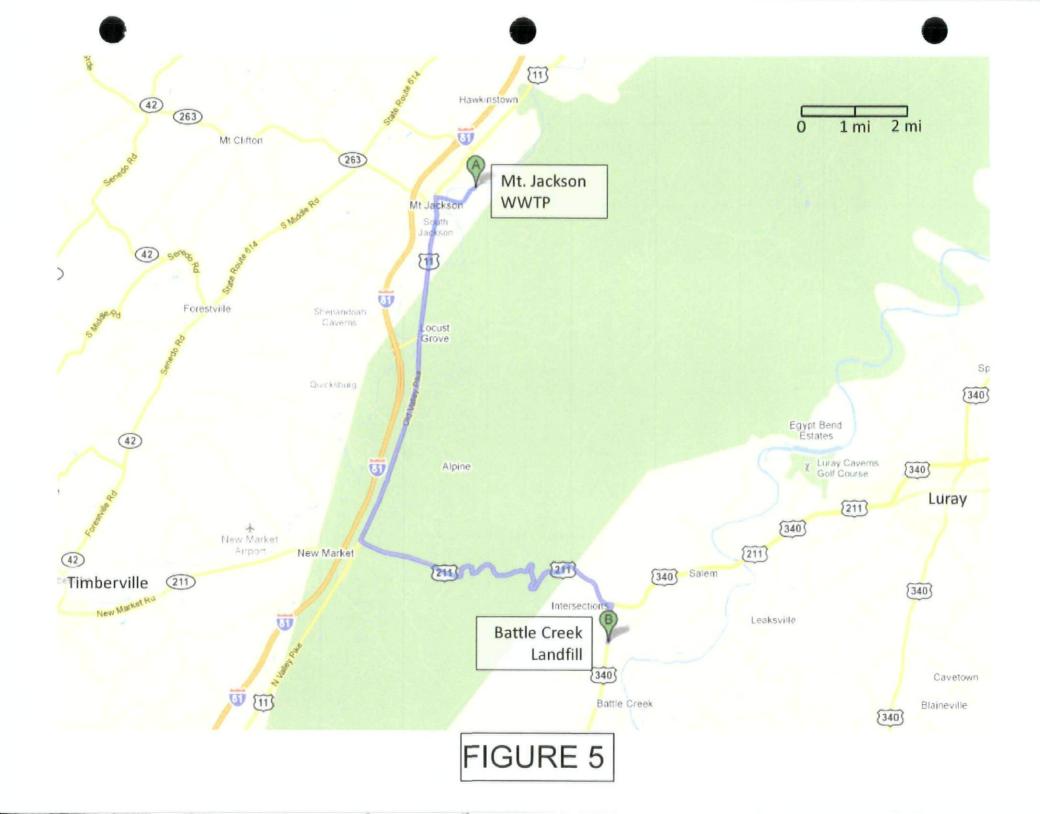


FIGURE 4



APPENDIX 1

ATTACHMENT A CONSTITUENTS

NOTE: Waiver requested to delete Radionucleides since facility is not located immediately upstream of a Public Water Supply.

ASRN#	CHEMICAL	ANALYTICAL METHOD	QUANTIFICATION LEVEL	ANALYTICAL RESULT			
	DISSOLVED METALS						
7440-36-0	Antimony	EPA 200.7	0.01 mg/L	<0.01 mg/L			
7440-38-2	Arsenic	EPA 200.7	0.004 mg/L	<0.004 mg/L			
7440-43-9	Cadmium	EPA 200.7	0.002 mg/L	<0.002 mg/L			
16065-83-1	Chromium III	EPA 200.7	0.001 mg/L	<0.001 mg/L			
18540-29-9	Chromium IV	EPA 200.7	0.1 mg/L	<0.1 mg/L			
7440-50-8	Copper	EPA 200.7	0.01 mg/L	<0.01 mg/L			
7439-92-1	Lead	EPA 200.7	0.002 mg/L	<0.002 mg/L			
7439-97-6	Mercury	EPA 200.7	0.0002 mg/L	<0.0002 mg/L			
7440-02-0	Nickel	EPA 200.7	0.01 mg/L	<0.01 mg/L			
7782-49-2	Selenium	EPA 200.7	0.002 mg/L	<0.002 mg/L			
7440-22-4	Silver	EPA 200.7	0.004 mg/L	<0.004 mg/L			
7440-28-0	Thallium	EPA 200.7	0.004 mg/L	<0.004 mg/L			
7440-66-6	Zinc	EPA 200.7	0.01 mg/L	0.0103 mg/L			
		PESTICIDES/PCB'S	S				
309-00-2	Aldrin	EPA 8081B	0.02 ug/L	<0.02 ug/L			
57-74-9	Chlordane	EPA 8081B	1.0 ug/L	<1.0 ug/L			
2921-88-2	Chlorpyrifus	200.7	0.2 ug/L	<0.2 ug/L			
72-54-8	DDD	EPA 8081B	0.02 ug/L	<0.02 ug/L			
72-55-9	DDE	EPA 8081B	0.02 ug/L	<0.02 ug/L			
50-29-3	DDT	EPA 8081B	0.02 ug/L	<0.02 ug/L			
8065-48-3	Demeton	622	1.0 ug/L	<1.0 ug/L			
60-57-1	Dirldrin	EPA 8081B	0.02 ug/L	<0.02 ug/L			
959-98-8	Alpha-Endosulfan	EPA 8081B	0.02 ug/L	<0.02 ug/L			
33213-65-9	Beta-Endosulfan	EPA 8081B	0.02 ug/L	<0.02 ug/L			
1031-07-8	Endosulfan Sulfate	EPA 8081B	0.02 ug/L	<0.02 ug/L			
72-20-8	Endrn	EPA 8081B	0.02 ug/L	<0.02 ug/L			
7421-93-4	Endrn Aldehyde	EPA 8081B	0.02 ug/L	<0.02 ug/L			
86-50-0	Guthion	200.7	1.0 ug/L	<1.0 ug/L			
76-44-8	Heptachlor	EPA 8081B	0.02 ug/L	<0.02 ug/L			
1024-57-3	Heptachlor Epoxide	EPA 8081B	0.02 ug/L	<0.02 ug/L			

ATTACHMENT A CONSTITUENTS (Cont.)

ASRN#	CHEMICAL	ANALYTICAL METHOD	QUANTIFICATION LEVEL	ANALYTICAL RESULT
AOITIN#		ICIDES/PCB'S (C		RESOLI
040 04 0	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	the same of the sa		
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	0.02 ug/L	<0.02 ug/L
319-85-7	Hexachlorocyclohexane Beta-BHC	608	0.02 ug/L	<0.02 ug/L
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	0.02 ug/L	<0.02 ug/L
143-50-0	Kepone	8270D	5.0 ug/L	<5.0 ug/L
121-75-5	Malathion	622	1.0 ug/L	<1.0 ug/L
72-43-5	Methoxychlor	EPA 8081B	0.02 ug/L	<0.02 ug/L
2385-85-5	Mirex	608	0.05 ug/L	<0.05 ug/L
56-38-2	Parathion	622	1.0 ug/L	<1.0 ug/L
11096-82-5	PCB 1260	EPA 8082	0.1 ug/L	<0.1 ug/L
11097-69-1	PCB 1254	EPA 8082	0.1 ug/L	<0.1 ug/L
12672-29-6	PCB 1248	EPA 8082	0.1 ug/L	<0.1 ug/L
53469-21-9	PCB 1242	EPA 8082	0.1 ug/L	<0.1 ug/L
11141-16-5	PCB 1232	EPA 8082	0.1 ug/L	<0.1 ug/L
11104-28-2	PCB 1221	EPA 8082	0.1 ug/L	<0.1 ug/L
12674-11-2	PCB 1016	EPA 8082	0.1 ug/L	<0.1 ug/L
1336-36-3	PCB Total	EPA 8082	0.1 ug/L	<0.1 ug/L
8001-35-2	Toxaphene	EPA 8081B	1.0 ug/L	<1.0 ug/L
60-10-5	Tributyltin	NBSIR-85-329	0.03 ug/L	<0.03 ug/L
	BASE NE	UTRAL EXTRAC	TABLES	
83-32-9	Acenaphthlene	EPA 8270D	10.0 ug/L	<10.0 ug/L
120-12-7	Anthracene	EPA 8270D	10.0 ug/L	<10.0 ug/L
92-87-5	Benzidine	EPA 8270D	50.0 ug/L	<50.0 ug/L
56-55-3	Benzo (a) anthracene	EPA 8270D	10.0 ug/L	<10.0 ug/L
205-99-2	Benzo (b) fluoranthene	EPA 8270D	10.0 ug/L	<10.0 ug/L
207-08-9	Benzo (k) fluoranthene	EPA 8270D	10.0 ug/L	<10.0 ug/L
50-32-8	Benzo (a) pyrene	EPA 8270D	10.0 ug/L	<10.0 ug/L
111-44-4	Bis 2-Chloroethyl Ether	EPA 8270D	10.0 ug/L	<10.0 ug/L
39638-32-9	Bis 2-Chloroisopropyl Ether	EPA 8270D	10.0 ug/L	<10.0 ug/L
85-68-7	Butyl benzyl phthlate	EPA 8270D	10.0 ug/L	<10.0 ug/L
91-58-7	2-Chloronaphthlene	EPA 8270D	10.0 ug/L	<10.0 ug/L
218-01-9	Chrysene	EPA 8270D	10.0 ug/L	<10.0 ug/L

ATTACHMENT A CONSTITUENTS (Cont.)

ASRN#	CHEMICAL	ANALYTICAL METHOD	QUANTIFICATION LEVEL	ANALYTICAL RESULT
	BASE NE	UTRAL EXTRAC	TABLES	
53-70-3	Dibenz(a,h)anthracene	EPA 8270D	10.0 ug/L	<10.0 ug/L
84-74-2	Dibutyl phthalate	EPA 8270D	10.0 ug/L	<10.0 ug/L
95-50-1	1,2-Dichlorobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
541-73-1	1,3-Dichlorobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
106-46-7	1,4-Dichlorobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
91-94-1	3,3-Dichlorobenzidine	EPA 8270D	10.0 ug/L	<10.0 ug/L
84-66-2	Diethyl phthalate	EPA 8270D	10.0 ug/L	<10.0 ug/L
117-81-7	Di-2-Ethylhexyl Phthlate	EPA 8270D	10.0 ug/L	<10.0 ug/L
131-11-3	Dimethyl phthalate	EPA 8270D	10.0 ug/L	<10.0 ug/L
121-14-2	2,4-Dinitrotoluene	EPA 8270D	10.0 ug/L	<10.0 ug/L
12-66-7	1,2-Diphenylhydrazine	EPA 8270D	10.0 ug/L	<10.0 ug/L
206-44-0	Fluoranthene	EPA 8270D	10.0 ug/L	<10.0 ug/L
86-73-7	Fluorene	EPA 8270D	10.0 ug/L	<10.0 ug/L
118-74-1	Hexachlrobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
87-68-3	Hexachlorobutadiene	EPA 8270D	10.0 ug/L	<10.0 ug/L
77-47-4	Hexachlorocyclo pentadiene	EPA 8270D	50.0 ug/L	<50.0 ug/L
67-72-1	Hexachloroethane	EPA 8270D	10.0 ug/L	<10.0 ug/L
193-39-5	Indeno(1,2,3-cd)pyrene	EPA 8270D	10.0 ug/L	<10.0 ug/L
78-59-1	Isophorone	EPA 8270D	10.0 ug/L	<10.0 ug/L
98-95-3	Nitrobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
62-75-3	N-Nitrosodimethylamine	EPA 8270D	10.0 ug/L	<10.0 ug/L
621-64-7	N-Nitrosodi-n- propylamine	EPA 8270D	10.0 ug/L	<10.0 ug/L
86-30-6	N-Nitrosodiphenylamine	EPA 8270D	10.0 ug/L	<10.0 ug/L
129-00-0	Pyrene	EPA 8270D	10.0 ug/L	<10.0 ug/L
120-82-1	1,2,4-Trichlorobenzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
		VOLATILES		
107-02-8	Acrolein	EPA 8270D	50.0 ug/L	<50.0 ug/L
107-13-1	Acrylonitrile	EPA 8270D	10.0 ug/L	<10.0 ug/L
71-43-2	Benzene	EPA 8270D	10.0 ug/L	<10.0 ug/L
75-25-2	Bromoform	EPA 8270D	10.0 ug/L	<10.0 ug/L
56-23-5	Carbon Tetrachloride	EPA 8270D	10.0 ug/L	<10.0 ug/L

ATTACHMENT A CONSTITUENTS (Cont.)

ASRN#	CHEMICAL	ANALYTICAL METHOD	QUANTIFICATION LEVEL	ANALYTICAL RESULT
		OLATILES (Cont.		.,
108-90-7	Chlorobenzene	EPA 8270D	1.0 ug/L	<1.0 ug/L
124-48-1	Chlorodibromomethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
67-66-3	Chloroform	EPA 8270D	1.0 ug/L	<1.0 ug/L
75-0-2	Dichloromethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
75-27-4	Dichlorobromomethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
107-06-2	1,2-Dichloroethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
75-35-4	1,1-Dichloroethylene	EPA 8270D	1.0 ug/L	<1.0 ug/L
156-60-5	1,2-trans- dichloroethylene	EPA 8270D	1.0 ug/L	<1.0 ug/L
78-87-5	1,2-Dichloropropane	EPA 8270D	1.0 ug/L	<1.0 ug/L
542-75-6	1,3-Dichloropropene	EPA 8270D	1.0 ug/L	<1.0 ug/L
100-41-4	Ethylbenzene	EPA 8270D	1.0 ug/L	<1.0 ug/L
74-83-9	Methyl Bromide	EPA 8270D	1.0 ug/L	<1.0 ug/L
79-34-5	1,1,2,2- Tetrachloroethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
127-18-4	Tetrachloroethylene	EPA 8270D	1.0 ug/L	<1.0 ug/L
10-88-3	Toluene	EPA 8270D	1.0 ug/L	<1.0 ug/L
79-00-5	1,1,2-Trichloroethane	EPA 8270D	1.0 ug/L	<1.0 ug/L
79-01-6	Trichloroethylene	EPA 8270D	1.0 ug/L	<1.0 ug/L
75-01-4	Vinyl Chloride	EPA 8270D	1.0 ug/L	<1.0 ug/L
	AC	ID EXTRACTABLE	ES	
120-83-2	2,4 Dichlorophenol	EPA 8270D	10.0 ug/L	<50.0 ug/L
105-67-9	2,4-Dimethylphenol	EPA 8270D	10.0 ug/L	<50.0 ug/L
51-28-5	2,4-Dinitrophenol	EPA 8270D	50.0 ug/L	<50.0 ug/L
534-52-1	2-Methyl-4,6- Dinitrophenol	EPA 8270D	50.0 ug/L	<50.0 ug/L
87-86-5	Pentachlorophenol	EPA 8270D	50.0 ug/L	<50.0 ug/L
108-95-2	Phenol	EPA 8270D	10.0 ug/L	<50.0 ug/L
88-06-2	2,4,6-Trichlorophenol	EPA 8270D	10.0 ug/L	<50.0 ug/L
	MISCEI	LLANEOUS/ADDIT	TIONAL	
16887-00-6	Chloride	EPA 300.0	50.0 mg/L	325 mg/L
57-12-5	Cyanide	SM 4500-CN- C+E	0.01 mg/L	<0.01 mg/L
7783-06-4	Hydrogen Sulfide	SM 4500-S2-F	1.0 mg/L	1.4 mg/L
		622		
	Diazinon	022	1.0 ug/L	<1.0 ug/L

APPENDIX 2



Inboden Environmental Services, Inc.

Analytical Report Form

Customer:

Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes: Gale Netz PO#370-10 Report Date:

1/15/2010

Batch ID:

Received Date:

1/4/2010

Sampler:

Sampled by, Client

Sample Priority:

RUSH

Sample Location:

Sludge Press Room

Sample Type:

Grab - Sludge

Sample Date & Time: Sample ID Number: 1001150907 1/1/2010 11:10 AM HES Analysis Analysis Time QL Units Method Date Parameter Result Analyst Conventional Chemistry Parameters by SM/EPA Methods Percent Solid 89.8 0.01 % *SM2540G 1/5/2010 16:05 fwl Total Petroleum Hydrocarbons 4000 472 mg/Kg EPA 9071B 1/7/2010 13:36 fwl Total Organic Halogen < 2000 2000 µg/L SW846 9020B 1/11/2010 8:00 fwl 26.7 SW846 9023 1/11/2010 8:00 Total Organic Halogen 27.3 mg/Kg dry wt. fwl TCLP Extractions by EPA 1311 pH Units **EPA 1311** 1/6/2010 10:08 TCLP Final pH 5.41 fwl TCLP Metals by 6000/7000 Series Method 0.04 6010B 1/11/2010 18:28 fwl < 0.04 mg/L Arsenic 18:28 6010B 1/11/2010 Barium 0.12 0.10 mg/L fwl 0.02 6010B 1/11/2010 18:28 fwl Cadmium < 0.02 mg/L Chromium 0.036 0.01 mg/L 6010B 1/11/2010 18:28 fwl Lead < 0.50 0.50 mg/L 6010B 1/11/2010 18:28 fwl Selenium 0.21 0.04 mg/L 6010B 1/11/2010 18:28 fwl Silver < 0.04 0.04 mg/L 6010B 1/11/2010 18:28 fwl TCLP Volatile Organic Compounds by EPA Method 1311/8260B 14:27 < 50.0 50.0 8260B 1/7/2010 Benzene Mg/L fwl 50.0 1/7/2010 128 8260B 14-27 µg/L furl 2-Butanone 50.0 1/7/2010 14:07 < 50.0 8260B ug/L furl 1,1-Dichlorocthanc < 50.0 50.0 Mg/L 8260B 1/7/2010 14:07 fwl 1.4-Dichlorobenzene Carbon Tetrachloride < 50.0 50.0 µg/L 8260B 1/7/2010 14:07 fwl Vinyl Chloride < 50.0 50.0 Me/L 8260B 1/7/2010 14:07 fwl 50.0 14:07 Tetrachloroethene < 50.0 µg/L 8260B 1/7/2010 fwl 0.005 8260B 1/7/2010 14:07 < 50.0 fwl 1,2-Dichloroethane µg/L 50.0 \$260B 1/7/2010 14:07 < 50.0 fwl Chlorobenzene µg/L < 50.0 50.0 8260B 1/7/2010 14:07 Trichlororethlene µg/L fwl 50.0 8260B 1/7/2010 14:07 Chloroform < 50.0 µg/L fwl





Inboden Environmental Services, Inc.

Analytical Report Form

Customer:

Town of Mt. Jackson :

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes:

Gale Netz PO#370-10 Report Date:

Batch ID:

Received Date:

Sampler:

1/4/2010

1/15/2010

Sampled by, Client

Sample Priority: RUSH

Volatile Organic Compou	nds by EPA Method 8	3260B					
Benzene	< 0.223	0.223	mg/Kg	8260B	1/7/2010	14:27	fwl
Ethylbenzene	< 0.557	0.557	mg/Kg	8260B	1/7/2010	14:27	fwl
Toluene	< 0.557	0.557	mg/Kg	8260B	1/7/2010	14:27	ſwl
Xylenes (total)	< 0.557	0.557	mg/Kg	826018	1/7/2010	14:27	fwl

Notes:

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

All the above parameters were subcontracted to Fairway Laboratories.

Reviewed and approved for Inboden Environmental Services, Inc.

Stulb Helly Date: 1/10/10



Inboden Environmental Services, Inc.



Analytical Report Form

Customer:

Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes: PO#410-10

Gale Note

Report Date:

Batch ID:

1/29/2010

Received Date:

1/25/2010

Sampler:

Sampled by, Client

Sample Priority:

Rush

Sample Location: Sample ID Number: Press Room 1001291313 Sample Type:

Grab - Sludge

Sample Date & Time:

1/24/2010 9:00 AM

IES Analysis Analysis Parameter Result Units Method QL Date Time Analyst TPH-DRO 8015C 196 µg/L 1/27/2010 23:13 16.7 JRA

Notes:

Regroduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration sendard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

The above parameter was subcontracted to James R. Reed and Associates,

Reviewed and approved for Inboden Environmental Services, Inc.

By Jane Blebley Date: 1/29/10

Page | of]

Analytical Report Minte

Customer:

Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact:

Gale Netz.

Special Notes: P.O. # 320-11

Report Date: Batch ID:

1/18/2011

Received Date:

12/17/2010

Sampler:

Sampled by, Client

Sample Priority:

Normal

Sample Location:

Pressed Sludge

Sample Type:

Grab - Sludge

12/16/2010 10:00 AM

Sample ID Number: 1101120	929		54	mple Date & T	me: 12/16/2	010 10:00 AN	1
		TES			Analysis	Analysis	
Parameter	Result	QL	Units	Method	Date	Time	Analyst
Extractable Organic Halogens	< 50.0	50.0	mg/Kg	9023	1/5/2011	12:58	ĵr
Chromium	0.030	0.005	mg/L	6010C	1/13/2011	13:38	jr
Arsenic	< 0.025	0.025	mg/L	6010C	1/14/2011	11:07	jr
Barium	0.257	0.025	mg/L	6010C	1/13/2011	13:38	jr
Cadmium	< 0.0025	0.0025	mg/L	6010C	1/13/2011	13:38	jr
Lead	< 0.025	0.025	mg/L	6010C	1/13/2011	13:38	jr
Mercury	< 0.025	0.025	mg/L	6010C	1/13/2011	13:38	jr
Selenium	< 0.025	0.025	mg/L	6010C	1/14/2011	11:07	jr
Silver	< 0.005	0.005	mg/L	6010C	1/13/2011	13:38	jr jr
Benzene	< 0.1	0.1	μg/L	8260B	12/30/2010	16:57	jr
Toluene	< 1.0	1.0	mg/Kg	8260B	12/29/2010	20:04	jr
1.1-Dichloroethylene	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
1,2-Dichloroethane	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
1,4-Dichlorobenzene	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
Benzene	< 1.0	1.0	mg/Kg	8260B	12/29/2010	20:04	jr
Carbon Tetrachloride	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
Chlorobenzene	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
Chloroform	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
Methly ethyl Ketone	< 2	2	mg/L	8260B	12/30/2010	16:57	jr
Tetrachloroethylene	< 0.1	1.0	mg/L	8260B	12/30/2010	16:57	jr
Trichloroethylene	< 0.1	0.1	mg/L	8260B	12/30/2010	16:57	jr
Vinyl Chloride	< 0.2	0.2	mg/L	8260B	12/30/2010	16:57	jr jr
Ethylbenzene	< 1.0	1.0	mg/Kg	8260B	12/29/2010	20:04	jr
Xylene	< 1.0	1.0	mg/Kg	8260B	12/29/2010	20:04	jr

6

Analytical Report Form

Customer:

Town of Mt, Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes: Gale Netz PO# 279-11 Report Date:

12/20/2010

Batch ID:

Received Date:

11/22/2010

Sampler:

Sampled by, Client

Sample Priority:

Normal

Sample Location: Sample ID Number:	Press Room 101122102A	4			Sample Date &			Wastewater 010 10:10 AM	I
Parameter		Result	IES OL	Units	Method		ilysis ate	Analysis Time	Analyst
TPH-DRO		977	168	μg/L	8015C	11/30	/2010	13:00	JRA

Notes:

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

The above parameter was subcontracted to James R. Reed & Associates.

Reviewed and approved for Inboden Environmental Services, Inc.

Laboratory Director

*

Page 1 of 1

FROM TOWN OF MT. JACKSON

Customer:

Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact:

Special Notes:

Gale Netz

Report Date:

5/8/2009

Batch ID:

Received Date:

3/30/2009

Sampler:

Sampled by, Client

Sample Priority:

Normal

Sample Location: Sample ID Number:	Pressed Sludge 0903301034	e - ,			Sample Type Sample Date & Time		Słudge 009 10:00 AM	
Parameter		Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Percent Solid		68:5	0.1	%	SM2540G	4/7/2009	15:10	FL
Total Organic Halogen		< 5	5	mg/Kg	9020B/3540	4/3/2009	14:30	FL
Benzene	14. J	< 0.2	0.2	mg/Kg	8260B	4/7/2009	2:39	FL
Ethylbenzene		< 0.2	0.2	mg/Kg		4/7/2009	2:39	FL
Toluene		< 0.2	0.2	mg/Kg	8260B	4/7/2009	2:39	FL
Xylene		< 0.2	0.2	mg/Kg		4/7/2009	2:39	FL

Notes:

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IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Bramination of Water and Wastewater", 18th Edition, 1992.

All the above parameters were subcontracted to Free-Col Laboratories.

Reviewed and approved for Inboden Environmental Services, Inc.

Date: 5

Page 1 of 1

Analytical Report Forties

Customer:

Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes: Gale Netz PO# 404-09 Report Date:

2/6/2009

Batch ID:

Received Date:

1/7/2009

Sampler: Sample Priority: Sampled by, Client Normal

Sample Location:

Sludge Storage Pile

Sample Type:

Grab - Sludge

Samble Tocarion:	Pinnike Sintak	C I MC			Sample Type.		Olan - Gladge		
Sample ID Number:	0902061146				Sample Date & Time:	1/6/200	9 2:40 PM		
			IES			Analysis	Analysis		
Parameter		Result	DL	Units	Method	Date	Time	Analyst	
Extractable Organic Ha	logens	< 50.0	50.0	mg/Kg	9023	/29/2009	11:00	JRA	
TPH-DRO		445	33.9	mg/Kg	8015C	/21/2009	10:48	JRA	
Toxic Characteristic I	eaching Proced	ure by SV	V-846 Met	hod 1311					
Arsenic		0.024	0.005	mg/L	6010C	/29/2009	17:13	JRA	
Barium		0.056	0.005	mg/L	6010C	/29/2009	17:13	JRA	
Cadmium		0.0017	0.0005	mg/L	6010C	/29/2009	17:13	JRA	
Chromium		0.018	0.001	mg/L	6010C	/29/2009	17:13	JRA	
Lead		0.039	0.005	mg/L	6010B	/29/2009	17:13	JRA	
Selenium		0.039	0.005	mg/L	6010C	/29/2009	17:13	JRA	
Silver		< 0.001	0.001	mg/L	6010C	/29/2009	17:13	JRA	
Mercury		< 0.0002	0.0002	mg/L	7470A	/16/2009	13:35	JRA	
1,1-Dichloroethylene		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
1,2-Dichloroethane		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
1,4-Dichlorobenzene		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Benzene		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Carbon Tetrachloride		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Chlorobenzene		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Chloroform		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Methly ethyl Ketone		0.138	0.1	mg/L	8260B	/22/2009	19:06	JRA	
Tetrachloroethylene		< 0.003	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Trichloroethylene		< 0.005	0.005	mg/L	8260B	/22/2009	19:06	JRA	
Vinyl Chloride		< 0.01	0.01	mg/L	8260B	/22/2009	19:06	JRA	

Notes:

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Detection Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

All above parameters were subcontracted to James R. Reed & Associates

Results (mg/kg) reported on dry-weight basis.

8015C (DRO): Unidentifiable peaks reported as diesel.

Reviewed and approved for Inboden Environmental Services, Inc.

Page 1 of 1

THE CHIEF RESERVE THE CONTROL OF THE CLIEN T: Inboden Environmental Services

ATTN: Vickie Showman ADDRESS: 5790 Main Street

CITY: Mt. Jackson, VA 22842

PHONE: 800-648-1010 (201) FAX: 540-477-3360

SPECIALNOTES:

RE: TOWNOF MT. JACKSON

SAMPLE RECEIPT

DATE: 1/11/08 TIME: 0900

GRAB COLLECTION

DATE: 1/9/08 TIME: 0000

COLLECTED BY: CLIENT PICK UP BY: UPS

NUMBER OF CONTAINERS: 1

GOOD CONDITION Good Other (See C-O-C)

SAMPLEID: SLUDGE STORAGE PILE

SAMPLENO 08-00710

					V				
Parameter	EPA HW No	Method . Number	JRA QL	Regulatory Level	Result	Unit	Anal	yst/Date/Ti	ime
TPH-DRO		8015B	17.1		301	mg/Kg	CLH	1/16/08	0034
Paint Filter		9095B			No Free Liqu	aid	TLG	1/14/08	0940
Benzene		8260B	0.4		< 0.4	mg/Kg	TAG	1/25/08	0413
Toluene		8260B	0.4		< 0.4	mg/Kg	TAG	1/25/08	0413
Ethylbenzene		8260B	0.4		< 0.4	mg/Kg	TAG	1/25/08	0413
Xylene		8260B	0.4		< 0.4	mg/Kg	TAG	1/25/08	0413
EOX		9023	50		<50	mg/Kg	TES	1/21/08	2144
Toxic Characteristic Leac	hing Proced	ure by SW-8	846 Metho	d 1311					
Arsenic	D004	6010B	0.005	5	0.029	mg/L	TLG	1/25/08	1721
Barium	D005	6010B	0.005	100	0.050	mg/L	TLG	1/25/08	1721
Benzene	D018	8260B	0.1	0.5	< 0.1	mg/L	TAG	1/25/08	0501
Cadmium	D006	6010B	0.0005	1	0.0064	mg/L	TLG	1/25/08	1721
Carbon Tetrachloride	D019	8260B	0.1	0.5	< 0.1	mg/L	TAG	1/25/08	0501
Chlorobenzene	D021	8260B	0.1	100	< 0.1	mg/L	TAG	1/25/08	0501
Chloroform	D022	8260B	0.1	6	< 0.1	mg/L	TAG	1/25/08	0501
Chromium	D007	6010B	0.001	5	0.019	mg/L	TLG	1/25/08	1721
1,4-Dichlorobenzene	D027	8260B	0.1	7.5	< 0.1	mg/L	TAG	1/25/08	0501
1,2-Dichloroethane	D028	8260B	0.1	0.5	< 0.1	mg/L	TAG	1/25/08	0501
1,1-Dichloroethylene	D029	8260B	0.1	0.7	< 0.1	mg/L	TAG	1/25/08	0501
Lead	D008	6010B	0.005	5	0.006	mg/L	TLG	1/25/08	1721
Mercury	D009	7470A	0.0002	0.2	< 0.0002	mg/L	LEF	1/24/08	0915
Methyl ethyl Ketone	D035	8260B	2	200	< 2	mg/L	TAG	1/25/08	0501

James R. Reed & Associates •770 Pilot House Drive, Newport News, VA 23606

• (757) 873-4703 • Fax: (757) 873-1498



SAMPLED: SLUDGE STORAGE PILE

SAMPL ENO 08-00710

			.	n 1					
Param.etr	EPA HW No.	Method Number	JRA QL	Regulator Level	Result	Unit	Anal	yst/Date/Ti	me
Seleni, um	D010	6010B	0,005	1	0.025	mg/L	TLG	1/25/08	1721
Silver	D011	6010B	0.001	5	< 0.001	mg/L	TLG	1/25/08	1721
Tetrachbroethylene	D039	8260B	0.1	0.7	< 0.1	mg/L	TAG	1/25/08	0501
Trichl omethylene	D040	8260B	0.1	0.5	< 0.1	mg/L	TAG	1/25/08	0501
Vinyl Chloride	D043	8260B	0.2	0.2	< 0.2	mg/L	TAG	1/25/08	0501

NOTE: "JR4 Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

Reproduction of this report is not permitted, except in full, without written approval from James R. Reed & Associates.

Results (rangleg) reported on dry weight basis.

EOX sub-contrated to Test America.

RESPECTFULLY SUBMITTED

Elaine Claiborne Laboratory Director 29-Jan-08

REPORT OF ANALYSIS

CLIENT: Inboden Environmental Services

ATTN: Vickie Showman ADDRESS: 5790 Main Street

CITY: Mt. Jackson, VA 22842

PHONE: 800-648-1010 (201) FAX: 540-477-3360

SPECIAL NOTES:

RE: TOWN OF MT. JACKSON

SAMPLE RECEIPT

DATE: 1/18/07 TIME: 0935

GRAB COLLECTION

DATE: 1/17/07 TIME: 1150 COLLECTED BY: CLIENT

PICK UP BY: UPS

NUMBER OF CONTAINERS: 1

GOOD CONDITION Good Other (See C-O-C)

SAMPLE ID: SLUDGE DRYING BED

SAMPLE NO 07-01203

Parameter	EPA HW No	Method Number	JRA QL	Regulatory Level	Result	Unit	Anal	yst/Date/Ti	me
EOX		9023	50		<50	mg/kg	TES	1/23/07	1324
TPH-DRO		8015B	4320		28120	mg/Kg	CLH	1/25/07	1824
Benzene		8260B	0.5		< 0.5	mg/Kg	TAG	1/27/07	0212
Toluene		8260B	0.5		< 0.5	mg/Kg	TAG	1/27/07	0212
Ethylbenzene		8260B	0.5		< 0.5	mg/Kg	TAG	1/27/07	0212
Xylene		8260B	0.5		< 0.5	mg/Kg	TAG	1/27/07	0212
Toxic Characteristic Lead	hing Proced	ure by SW-8	346 Metho	d 1311					
Arsenic	D004	6010B	0.005	5	< 0.005	mg/L	TLG	1/29/07	1959
Barium	D005	6010B	0.005	100	< 0.005	mg/L	TLG	1/29/07	1959
Benzene	D018	8260B	0.005	0.5	< 0.005	mg/L	TAG	1/26/07	2219
Cadmium	D006	6010B	0.0005	1	< 0.0005	mg/L	TLG	1/29/07	1959
Carbon Tetrachloride	D019	8260B	0,005	0.5	< 0.005	mg/L	TAG	1/26/07	2219
Chlorobenzene	D021	8260B	0.005	100	< 0.005	mg/L	TAG	1/26/07	2219
Chloroform	D022	8260B	0.005	6	< 0.005	mg/L	TAG	1/26/07	2219
Chromium	D007	6010B	0.001	5	0.002	mg/L	TLG	1/29/07	1959
1,4-Dichlorobenzene	D027	8260B	0.005	7.5	< 0.005	mg/L	TAG	1/26/07	2219
1,2-Dichloroethane	D028	8260B	0.005	0.5	< 0.005	mg/L	TAG	1/26/07	2219
1.1-Dichloroethylene	D029	8260B	0.005	0.7	< 0.005	mg/L	TAG	1/26/07	2219
I,ead	D008	6010B	0.005	5	0.005	mg/L	TLG	1/29/07	1959
Mercury	D009	7470A	0.0002	0.2	< 0.0002	mg/L	LEF	1/24/07	1255
Methyl ethyl Ketonc	D035	8260B	0.1	200	0,215	mg/L	TAG	1/26/07	2219
Selenium	D010	6010B	0.005	1	< 0.005	mg/L	TLG	1/29/07	1959

REPORT OF ANALYSIS

SAMPLE ID: SLUDGE DRYING BED

SAMPLE NO 07-01203

Purameter	EPA HW No.	Method Number	JRA QL	Regulatory Level	Result	Unit	Analy	yst/Datc/Ti	me
Silver	D011	6010B	0.001	5	< 0.001	mg/L	TLG	1/29/07	1959
Tetrachloroethylene	D039	8260B	0.005	0.7	< 0.005	mg/L	TAG	1/26/07	2219
Trichloroethylene	D040	8260B	0.005	0.5	< 0.005	mg/L	TAG	1/26/07	2219
Vinyl Chloride	D043	8260B	0.01	0.2	< 0.01	mg/L	TAG	1/26/07	2219

NOTE: *JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal. Reproduction of this report is not permitted, except in full, without written approval from James R Roed & Associates.

8015B-DRO; Unidentified peaks found in the sample

(lighter than diesel), result reported as diesel.

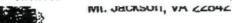
Results (mg/kg) reported on dry weight basis.

EOX subcontracted to Test America.

RESPECTFULLY SUBMITTED

Claire Clarishe

Elaine Claiborne Laboratory Director 30-Jan-07





Analytical Report Form

Page No.

1 Of 1

To:

Town of Mt. Jackson P.O. Box 487

Date: Project: 06/08/07

Project # Customer# Special testing 701042 0119

P.O. #

718-07

Attn:

Mr. Gate Netz

Mt. Jackson, VA

		Sample Ident
Samp.		Date
No.	Sample Location	Sampled 9

rification Time Sampled

Sample Type

Sampler Initials

Date Received

Drying Beds

05/23/07

2:15 PM

Grab

GN

05/24/07

Samp. No.

01

Analysis Requested

Sample Results Results Units

Analyst

Test Date

Test Time

*Oil & Grease (NS)

330 mg/Kg

CLH 05/30/07 5:00 PM

Methods

Oil & Grease - 1664A

Methods for Chemical Analysis of Water & Wastes, U.S. Environmental Protection Agency, EPA-600/4-79-020. Revised 1983.



Analytical Report Form

Page No.

1 Of 1

To:

Town of Mt. Jackson

P.O. Box 487 Mt. Jackson, VA Project: Project #

Customer #

04/13/06 Sludge 600493

0119

Attn:

Mr. Gale Netz

		Sample Ide	entification			-
Samp. No.	Sample Location	Date Sampled	Time Sampled	Sample Type	Sampler Initials	Date Received
01	Sludge Storage Pile	03/27/06	10:00 AM	Grab	GN	03/27/06
C		Sample	Results	_		** ······
Sarnp. No.	Analysis Requested	Results	Units	Analyst	Test Date	Test Time
Q1 Q1	*Total Petroleum Hydrocarbons TPH: Semi-Volatile Soxhlet Extraction	422 Complete	mg/L	Davis Davis	04/07/06	5:54 PM 4:30 PM

**Results expressed as mg/kg are calculated on a received weight basis

Methods

Total Petroleum Hydrocarbons - EPA Method SW-846 8015B Mod.for diesel range organics, "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods",(1996).

^{*}Free-Coi Laboratories - VA Dept. of Health Laboratory I.D. #00145 (Sample ID 2006:00003346-1)

To:	Town of Mt. Jackson P.O. Box 487
	Mt. Jackson, VA

Dete; 09/28/07
Project: Special testing
Project # 701148
Customer # 0118
P.O. # 781-07

Altn: Mr. Gale Netz

		Sample Id	lentification		T DAY WALLOW	-
Samp. No.	Sample Location	Date Sampled	Time Sampled	Sample Type	Sempler Initials	Date Received
Q1	Drying Beds	06/21/07	11:10 AM	Grab	GN	08/21/07
Semp.		Sample	Results			
No.	Analysis Requested	Results	Units	Analyst	Test Date	Test Time
01	"Total Petroleum Hydrocarbone- DRO	353	mg/Kg	CLH	08/27/07	2:07 PM
		New	thoda ·	***************************************		

Total Petroleum Hydrocarbons - EPA Method SW-848 8015B Mod.for cless! range organics.

APPENDIX 3

County of Shenandoah

Department of Solid Waste Management 349 Landfill Road Edinburg, Virginia 22824

Brad Dellinger
Operations Manager
Email:bdellinger@shenandoahcountyva.us



Telephone: 540-984-8573 Fax: 540-984-4591

website:www.shenandoahcountyva.us/landfill

June 7, 2011

Mr. Gale Netz Town of Mt. Jackson P.O. Box 487 Mt. Jackson, VA 22842

Subject: Disposal of Sewage Treatment Plant Sludge at the Shenandoah County Landfill

Dear Gale:

Per the Department of Environmental Quality requirements, please accept this letter as confirmation that our facility, the Shenandoah County Landfill, will accept sludge from your wastewater treatment plant for disposal.

Attached you will find a copy of our guidelines for testing and acceptance of such materials. Please be aware that the most frequent problem our customers have experienced with sludge testing has been moisture content. Other than the paint filter test for moisture, which is required of every batch, the entire battery of tests listed is required initially, then on an annual basis. I will be glad to meet with your plant operations personnel to discuss our testing and delivery requirements.

Our current cost for sludge disposal is \$45.00 per ton.

Sincerely,

Brad Dellinger Operations Manager

Copy: Doug Walker, County Administrator

Enclosure



COUNTY OF PAGE Dept. of Public Works 219 Landfill Drive Luray, Virginia 22835 Ph: (540)-743-3854 Fax: (540)-743-3651

June 6, 2011

Mr. Gale Netz Town of Mt Jackson P.O. Box 487 Mt Jackson, Virginia 22842

Subject: Disposal of Town Sludge

Dear Mr. Netz.

The Battle Creek Landfill located in Page County has functioned as the disposal site for municipal sewage treatment sludge produced by the Town of Mt Jackson Waste Water Treatment Plant. The Battle Creek Landfill will continue to be available for the Town of Mt Jackson to dispose of the WWTP Sludge. The Battle Creek Landfill is a MSW disposal facility and is currently permitted by the Commonwealth of Virginia Department of Environmental Quality under Solid Waste Permit number 579.

I have attached for your convenience copies of the Requirements for the Acceptance of Sludge and the required testing. Please ensure that a certification of the paint filter test accompanies each load.

Please do not hesitate to call with questions or if you need further assistance.

Sincerely.

Lynda L. Minke

Solid Waste Facilities Manager

nder L. Meshe

Attachments

Cc: Terry L. Blankenship

From: Sent: Terry L. Blankenship [terry@kb-inc.net] Thursday, October 06, 2011 3:49 PM

To:

Carver, Beverley (DEQ)

Subject:

Mt. Jackson - Hydrogen Sulfide Test Result

Addendum to Application Re: Attachment A

Beverly,

This electronic transmittal is in reference to the analytical test result for hydrogen sulfide presented in Attachment A of the VPDES Permit Application. The test result (1.4 mg/L) originally presented in Attachment A represented sulfide and not hydrogen sulfide. An effluent sample was collected on 9/28/2011 and analyzed for hydrogen sulfide. The analytical test result as reported on the Certificate of Analysis is <0.18 mg/L.

Tevry L. Blankenship, P.E.

Kreye Blankenship, Inc. Consulting Engineers & Environmental Scientists

13321 Midlothian Tpke., Suite H Midlothian, VA 23113 C: (804) 347-4684 F: (804) 302-5454

From: Sent: Terry L. Blankenship [terry@kb-inc.net] Thursday, October 06, 2011 11:15 AM

To:

Carver, Beverley (DEQ)

Subject:

FW: Hydrogen Sulfide - Mt. Jackson

Attachments:

10-06-2011.pdf

Bev,

Result for hydrogen sulfide attached. If you have any questions, please feel free to contact me. Terry

Terry L. Blankenship, P.E.

Kreye Blankenship, Inc.

Consulting Engineers & Environmental Scientists

13321 Midlothian Tpke., Suite H Midlothian, VA 23113 C: (804) 347-4684 F: (804) 302-5454



Inboden Environmental Services, Inc.

Analytical Report Form

Units

mg/L

Customer: Town of Mt. Jackson

P.O. Box 487

Mt. Jackson, VA 22842

Contact: Special Notes:

Gale Netz

Report Date:

10/6/2011

Batch ID:

Received Date:

9/29/2011

Sampler:

Sampled by, Client

Sample Priority:

Normal

Sample Location: Sample ID Number:

Final Effluent 1109291053

Sample Type:

Composite - Wastewater

Analysis

Time

13:03

Sample Date & Time:

9/28/2011 2:00 PM

Parameter Hydrogen Sulfide

IES QL Result 0.180 < 0.180

Method SM-4500-S2-F

Date 10/4/2011

Analysis

Analyst FWL

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk(*) are not NELAP accredited.

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

Chain-of-Custody indicates complete composite sample collection time frame.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

The following parameter was subcontracted to Fairway Laboratories (FWL): Hydrogen Sulfide

Reviewed and approved for Inboden Environmental Services, Inc.

Laboratory Director

Date: 0/6/

From: Carver, Beverley (DEQ)

Sent: Thursday, September 22, 2011 2:08 PM
To: Terry Blankenship (terry@kb-inc.net)

Subject: Mt. Jackson STP - VA0026441 - Problem with Hydrogen Sulfide data

Attachments: Attachment A received 08.22.11.pdf

Hi Terry,

Attached is the Attachment A monitoring you submitted. Can you take a look at the result reported for Hydrogen Sulfide? You reported 1.4 mg/L. There is no DEQ QL for hydrogen sulfide but when I run Stat.exe on the 1.4 mg/L result, it triggers a limit.

Could you check on this? Maybe you meant 1.4 ug/L?

Thanks,

Bev

Beverley W. Carver
Environmental Engineer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, Virginia 22801

Phone: (540) 574-7805 Fax: (540) 574-7878

email: Beverley.Carver@deq.virginia.gov NEW

Sample collected

9/22/2011 1:55:58 PM

Facility = Mt. Jackson STP Chemical = Hydrogen Sulfide Chronic averaging period = 4 WLAa = WLAc = 7Q.L. = 0# samples/mo. = 1 # samples/wk. = 1

Summary of Statistics:

observations = 1 Expected Value = 1400 Variance = 705600 = 0.6C.V. 97th percentile daily values = 3406.78 97th percentile 4 day average = 2329.30 97th percentile 30 day average= 1688.47 # < Q.L. = 0Model used = BPJ Assumptions, type 2 data

A limit is needed based on Chronic Toxicity Maximum Daily Limit = 10.2380234883726 Average Weekly limit = 10.2380234883726 Average Monthly Llmit = 10.2380234883726

The data are:

1,4 mg/L

1400

From:

Terry L. Blankenship [terry@kb-inc.net]

Sent:

Wednesday, September 14, 2011 11:03 AM

To:

Carver, Beverley (DEQ)

Subject:

Chromium and Chlordane Analytical Results

Attachments:

Total Cr & Chlordane0001.PDF

Hi Beverley,

Attached are the results for Total Chromium and Chlordane. Total Chromium is <0.001 mg/L (<1.0 ug/L). Therefore Hex. Chrome plus Trivalent Chrome <1.0 ug/L. (Footnote 9 of Permit).

I inadvertently reported the test result for chlordane (technical) which includes 23 isomers, etc. I should have reported alpha-Chlordane which is <0.020 ug/L.

Thanks for catching these items. Let me know if there are any other issues. Have a great day.

Terry

Terry L. Blankenship, P.E.

Kreye Blankenship, Inc.

Consulting Engineers & Environmental Scientists

13321 Midlothian Tpke., Suite H Midlothian, VA 23113

C: (804) 347-4684 F: (804) 302-5454

FAIRWAY LABORATORIES 2019 Ninth Avenue PO Box 1925

Altoona, Pennsylvania 16603

(814) 946-4306

(814) 946-8791 - Fax

PaDep Certification is PA 07-062



www.fairwaylaboratories.com

Inboden Environmental Services, Inc.

5790 Main Street

Mt. Jackson VA, 22842

Project Manager:

Sandi Fleming

Project:

TOWN OF MT. JACKSON

Project Number:

[none]

Reported:

Collector: GN

06/27/11 11:42

Number of Containers: 13

Client Sample ID:

OUTFALL 001

Date/Time Sampled:

Date / Time

05/11/11 14:00

Laboratory Sample ID:

1E13060-01 (Water)

Laboratory

	R	eporting		Date / Time			
Analyte	Result	Limit	Units	Analyzed	Method	Analyst	Note
America Destinidas by ED & Mathe	d 9001 D						1.10
Organochlorine Pesticides by EPA Method							
Endosulfan sulfate	< 0.020	0.020	ug/i	05/19/11 02:25	EPA 8081B	mt	
Endrin	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	
Endrin aldehyde	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	
Heptachlor	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	MS
Heptachlor epoxide	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	L12, MS
Methoxychlor	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	
Toxaphene	<1.00	1.00	ug/l	05/19/11 02:25	EPA 8081B	mt	
alpha-Chlordane	< 0.020	0.020	ug/i	05/19/11 02:25	EPA 8081B	mt	
Isodrín	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	
Endrin ketone	< 0.020	0.020	ug/l	05/19/11 02:25	EPA 8081B	mt	
Surrogate: Tetrachloro-meta-xylene	80.1 %	70-	130	05/19/11 02:25	EPA 8081B	mt	
Surrogate: Decachlorobiphenvl	81.5 %	70-	130	05/19/11 02:25	EPA 8081B	mt	
Polychlorinated Biphenyls by EPA Metho	d 8082						L10
PCB-1016	< 0.100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	
PCB-1221	< 0.100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	
PCB-1232	< 0,100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	
PCB-1242	< 0.100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	
PCB-1248	< 0.100	0.100	ug/I	05/18/11 16:53	EPA 8082	bg	
PCB-1254	< 0.100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	
PCB-1260	< 0.100	0.100	ug/l	05/18/11 16:53	EPA 8082	bg	

Fairway Laboratories, Inc.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

FAIRWAY LABORATORIES

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PaDep Certification is PA 07-062



www.fairwaylaboratories.com

Inboden Environmental Services, Inc.

Project:

TOWN OF MT. JACKSON

5790 Main Street

Project Number:

Reported:

Mt. Jackson VA, 22842

Collector:

Project Manager:

Sandi Fleming

Number of Containers:

06/27/11 11:42

Client Sample ID:

OUTFALL 001

Date/Time Sampled:

[none]

GN

05/11/11 14:00

Laboratory Sample ID:

1E13060-01 (Water)

		Laboratory Reporting		Date / Time			
Analyte	Result	Limit	Units	Analyzed	Method	Analyst	Note
Metals by EPA 200 Series Methods							
Silver	< 0.00400	0.00400	mg/l	06/14/11 01:03	EPA 200.7	rb	
Arsenic	< 0.00400	0.00400	mg/l	06/14/11 01:04	EPA 200.7	rb	
Beryllium	< 0.00100	0.00100	mg/l	06/14/11 01:03	EPA 200.7	rb	
Cadmium	< 0.00200	0.00200	mg/l	06/14/11 01:04	EPA 200.7	rb	
Chromium	< 0.00100	0.00100	mg/l	06/14/11 01:04	EPA 200.7	rb	
Copper	< 0.0100	0.0100	mg/l	06/14/11 01:03	EPA 200.7	rb	
Mercury	< 0.000200	0.000200	mg/l	06/15/11 17:05	EPA 245.1	cb	H5
Nickel	< 0.0100	0.0100	mg/l	06/14/11 01:04	EPA 200,7	rb	
Lead	< 0.00200	0.00200	mg/l	06/14/11 01:04	EPA 200.7	rb	1.12
Antimony	< 0.0100	0.0100	mg/l	06/14/11 01:04	EPA 200.7	rb	
Selenium	< 0.0100	0.0100	mg/l	06/14/11 01:04	EPA 200.7	rb	
Thallium	< 0.00400	0.00400	mg/l	06/14/11 01:04	EPA 200.7	rb	
Zinc	0.0337	0.0100	mg/l	06/14/11 01:04	EPA 200.7	rb	
Metals (Dissolved) by EPA 200 Series M	lethods						
Silver, Dissolved	< 0.00400	0.00400	mg/l	06/03/11 01:59	EPA 200.7	гь	
Arsenic, Dissolved	< 0.00400	0.00400	mg/l	06/03/11 01:59	EPA 200.7	rb	
Cadmium, Dissolved	< 0.00200	0.00200	mg/l	06/03/11 01:59	EPA 200.7	rb	
Chromium, Dissolved	00100.0>	0.00100	mg/ſ	06/03/11 01:59	EPA 200.7	rb	
Copper, Dissolved	< 0.0100	0.0100	mg/l	06/03/11 01:59	EPA 200.7	rb	
Mercury, Dissolved	< 0.000200	0.000200	mg/l	05/20/11 15:58	EPA 245.1	cb	

Fairway Laboratories, Inc.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety

From:

Carver, Beverley (DEQ)

ent:

Tuesday, September 13, 2011 4:28 PM

To:

Terry Blankenship (terry@kb-inc.net); Charles Moore (townmanager@mountjackson.com);

Gale Netz (netzg@shentel.net)

Subject: Attachments: Mt. Jackson STP - VA0026441 - Problem with Chlordane data

Attachment A received 08.22.11.pdf

Hello All,

Attached is the Attachment A monitoring you submitted. Can you take a look at the result reported for Chlordane? You reported <1 ug/L. The DEQ QL for Chlordane is 0.2 ug/L. When I run Stat.exe on the <1 result, it triggers a limit.

Could you check with the lab and see if it is possible for them to reissue the Certificate of Analysis using the DEQ QL of 0.2?

If you have any questions, let me know.

Sincerely,

Bev Carver

Beverley W. Carver
Invironmental Engineer Senior
epartment of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, Virginia 22801
Phone: (540) 574-7805

Fax: (540) 574-7878

From:

Carver, Beverley (DEQ)

ent:

Tuesday, September 13, 2011 1:38 PM

To:

Terry Blankenship (terry@kb-inc.net); Charles Moore (townmanager@mountjackson.com);

Gale Netz (netzg@shentel.net)

Subject:

Mt. Jackson STP - VA0026441 - Problem with Cr +6 data

Attachments:

Attachment A received 08.22.11.pdf

Hello All.

Attached is the Attachment A monitoring you submitted. Can you take a look at the result reported for Hexavalent Chromium? It looks like you reported <20. That is above the DEQ QL of 9.0 ug/L. When I run Stat.exe on the <20 data result, it triggers a permit limit.

What I am hoping is that the <20 is a typo. Should it be <2.0? That seems more reasonable since the Trivalent Chromium was reported to be <1.

Please let me know so I can keep working on your draft permit!

Thanks,

Bev

Beverley W. Carver
Environmental Engineer Senior
epartment of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, Virginia 22801

Phone: (540) 574-7805 Fax: (540) 574-7878

From: Sent:

Terry L. Blankenship [terry@kb-inc.net] Tuesday, August 23, 2011 11:12 AM

To: Subject: Carver, Beverley (DEQ) RE: VPDES Permit

Attachments:

Mt. Jackson - VPDES Permit Appli.PDF

Beverley, PDF File Attached. Terry

From: Carver, Beverley (DEQ) [mailto:Beverley.Carver@deq.virginia.gov]

Sent: Tuesday, August 23, 2011 8:33 AM

To: Terry L. Blankenship Subject: RE: VPDES Permit

Good question. 4411 Early Road, Harrisonburg, VA 22801 is our physical address.

Our PO Box address is: PO Box 3000 Harrisonburg, VA 22801

You can save postage cost by emailing submittals to DEQ. We will accept those as well.

Bev

From: Terry L. Blankenship [mailto:terry@kb-inc.net]

Sent: Monday, August 22, 2011 9:11 AM

To: Carver, Beverley (DEO) Subject: VPDES Permit

Hi Beverly,

The package that I recently mailed to you (Attachment A, Flow Diagram, and Narrative) was returned. I used the 4411 Early Road address. Should I be using a P.O. Box address?

Terry

Tevry L. Blankenship, P.E.

Kreye Blankenship, Inc.

Consulting Engineers & Environmental Scientists

13321 Midlothian Toke., Suite H Midlothian, VA 23113 C: (804) 347-4684 F: (804) 302-5454

OUTFALL NO. 001 - 0.70 MGD

49/2

ASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾
		DISSOLVI	ED METALS			
7440-36-0	Antimony	(4)	5000	< 10	G	1/5 YR
7440-38-2	Arsenic	(4)	150	< 4	G	1/5 YR
7440-43-9	Cadmium	(4)	1.8	~ 2	G	1/5 YR
16065-83-1	Chromium III (9)	(4)	125	~ 1	G	1/5 YR
18540-29-9	Chromium VI (9)	(4)	9.0	120	G	1/5 YR
7440-50-8	Соррет	(4)	15	~10	G	1/5 YR
7439-92-1	Lead	(4)	29	12	G	1/5 YR
7439-97-6	Mercury	(4)	1.0	20.2	G	1/5 YR
7440-02-0	Nickel	(4)	34	× 10	G	1/5 YR
7782-49-2	Selenium	(4)	5.0	<2	G	1/5 YR
7440-22-4	Silver	(4)	5.0	24	G	1/5 YR
7440-28-0	Thallium	(5)	(6)	~ 4	G	1/5 YR
7440-66-6	Zinc	(4)	125	10.3	G	1/5 YR
		PESTICI	DES/PCB'S			
309-00-2	Aldrin	608	0.05	~0.02	G or C	1/5 YR
57-74-9	Chlordane	608	0.2	~1	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	622	(6)	<0.2	G or C	1/5 YR
72-54-8	DDD	608	0.1	40.02	G or C	1/5 YR
72-55-9	DDE	608	0.1	40.02	G or C	1/5 YR
50-29-3	DDT	608	0.1	40.02	G or C	1/5 YR
8065-48-3	Demeton	(5)	(6)	41.0	G or C	1/5 YR
60-57-1	Dieldrin	608	0.1	<0.02	G or C	1/5 YR
959-98-8	Alpha-Endosulfan	608	0.1	<0.02	G or C	1/5 YR
33213-65-9	Beta-Endosulfan	608	0.1	20.02	G or C	1/5 YR
1031-07-8	Endo sulfan Sulfate	608	0.1	20.02	G or C	1/5 YR
72-20-8	Endrin	608	0.1	20.02	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	(5)	(6)	40.02	G or C	1/5 YR
86-50-0	Guthion	622	(6)	×1.0	G or C	1/5 YR
76-44-8	Heptachior	608	0.05	40.02	, G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	(5)	(6)	20.02	GorC	1/5 YR

OUTFALL NO. 001 - 0.70 MGD

ASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL(1)	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	(6)	<0.02	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608	(6)	20.02	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	(6)	40.02	G or C	1/5 YR
143-50-0	Kepone	(10)	(6)	< 5.0	G or C	1/5 YR
121 -75 -5	Malathion	(5)	(6)	< 1.0	G or C	1/5 YR
72-43-5	Methoxychlor	(5)	(6)	20.02	G or C	1/5 YR
2385-85-5	Mirex	(5)	(6)	< 0.05	G or C	1/5 YR
56-38-2	Parathion	(5)	(6)	41.0	G or C	1/5 YR
11096-82-5	PCB 1260	608	1.0	<0.1	G or C	1/5 YR
11097-69-1	PCB 1254	608	1.0	<0.1	G or C	1/5 YR
12672-29-6	PCB 1248	608	1.0	<0.1	G or C	1/5 YR
53469-21-9	PCB 1242	608	1.0	<0.1	G or C	1/5 YR
11141-16-5	PCB 1232	608	1.0	20.1	G or C	1/5 YR
11104-28-2	PCB 1221	608	1.0	20.1	G or C	1/5 YR
12674-11-2	PCB 1016	608	1.0	20.1	G or C	1/5 YR
1336-36-3	PCB Total	608	1.0	20.1	G or C	1/5 YR
8001-35-2	Toxaphene	608	5.0	<1.0	G or C	1/5 YR
60-10-5	Tributyltin (8)	NBSR 85-3295	(6)	~003	G or C	1/5 YR
	BASE	NEUTRAI	EXTRACTA	ABLES		_
83-32-9	Acenaphthene	625	10.0	<10.0	G or C	1/5 YR
120-12-7	Anthracene	625	0.01	4,0.0	G or C	1/5 YR
92-87-5	Benzidine	(5)	(6)	<50.0	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	625	10.0	410.0	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	625	10.0	4,0.0	G or C	1/5 YR
207-08-9	Benzo (k) fluoranthene	625	10.0	<10.0	G or C	1/5 YR
50-32-8	Benzo (a) pyrene	625	10.0	~10.0	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	(5)	(6)	~10.0	G or C	1/5 YR
39638-32-9	Bis 2-Chloroisopropyl Ether	(5)	(6)	<10.0	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	×10.0	G or C	1/5 YR
91-58-7	2-Chioronaphthalene	(5)	(6)	∠10.0	G or C	1/5 YR
218-01-9	Chrysene	625	10.0	<10.0	GorC	1/5 YR

OUTFALL NO. 001 - 0.70 MGD

ASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
53-70-3	Dibenz(a,h)anthracene	625	20.0	<10.0	G or C	1/5 YR
84-74-2	Dibutyl phthalate (synonym = Di-n-Butyl Phthalate)	625	10.0	<10.0	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	625	10.0	<10.0	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	625	10.0	~10.0	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	625	10.0	<10.0	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	(5)	(6)	<10.0	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	~10.0	G or C	1/5 YR
117-81-7	Di-2-Ethylhexyl Phthalate	625	10.0	<10.0	G or C	1/5 YR
131-11-3	Dimethyl phthalate	(5)	(6)	<10.0	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	~10.0	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	(5)	(6)	~10.0	G or C	1/5 YR
206-44-0	Fluoranthene	625	10.0	210.0	G or C	1/5 YR
86-73-7	Fluorene	625	10.0	4,0.0	G or C	1/5 YR
118-74-1	Hexachlorobenzene	(5)	(6)	~10.0	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	(5)	(6)	<10.0	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	(5)	(6)	< 50.0	G or C	1/5 YR
67-72-1	Hexachloroethane	(5)	(6)	×10.0	G or C	1/5 YR
193-39-5	indeno(1,2,3-cd)pyrene	625	: 20.0	~10.0	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	4,0.0	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	~10.0	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	(5)	(6)	410.0	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	(5)	(6)	410.0	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	(5)	(6)	<10.0	GorC	1/5 YR
129-00-0	Pyrene	625	10.0	10.0	G or C	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	~10.0	G or C	1/5 YR
		VOL	ATILES			
107-02-8	Acrolein	(5)	(6)	× 50.0	G	1/5 YR
107-13-1	Acrylonitrile	(5)	(6)	0.0</td <td>G</td> <td>1/5 YR</td>	G	1/5 YR
71-43-2	Benzene	624	10.0	4,0.0	G	1/5 YR
75-25-2	Bromoform	624	10.0	~10.0	G	1/5 YR
56-23-5	Carbon Tetrachloride	624	10.0	~10.0	G	1/5 YR

OUTFALL NO. 001 - 0.70 MGD

ASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
108-90-7	Chlorobenzene (synonym = monochlorobenzene)	624	50.0	<1.0	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	41.0	G	1/5 YR
67-66-3	Chloroform	624	10.0	41.0	G	1/5 YR
75-09-2	Dichloromethane (synonym = methylene chloride)	624	20.0	21.0	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	<1.0	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	<1.0	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	~1.0	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	(5)	(6)	~1.0	G	1/5 YR
78-87-5	1,2-Dichioropropane	(5)	(6)	41.0	G	1/5 YR
542-75-6	1,3-Dichloropropene	(5)	(6)	<1.0	G	1/5 YR
100-41-4	Ethylbenzene	624	10.0	41.0	G	1/5 YR
74-83-9	Methyl Bromide	(5)	(6)	×1.0	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	(5)	(6)	41.0	G	1/5 YR
127-18-4	Tetrachloroethylene	624	10.0	~1.0	G	1/5 YR
10-88-3	Toluene	624	10.0	<1.0	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	(5)	(6)	<1.0	G	1/5 YR
79-01-6	Trichloroethylene	624	10.0	41.0	G	1/5 YR
3-01-4	Virryl Chloride	624	10.0	21.0	G	1/5 YR
		RADION	NUCLIDES			
	Strontium 90 (pCi/L)	(5)	(6)	WAIVER	G or C	1/5 YR
And the second	Tritium (pCi/L)	(5)	(6)	WAIVER	G or C	1/5 YR
	Beta Part icle & Photon Activity (mrem/yr)	(5)	(6)	WAIVER	G or C	1/5 YR
	Gross Alpha Particle Activity (pCi/L)	(5)	(6)	WAIVER	G or C	1/5 YR
		ACID EXT	RACTABLE	S		
120-83-2	2,4 Dichlorophenol	625	10.0	<10.0	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	210.0	G or C	1/5 YR
51-28-5	2,4-Dinitrophenol	(5)	(6)	₹50.0	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	(5)	(6)	-50.0	G or C	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	< 50.0	G or C	1/5 YR
108-95-2	Phenof ⁷¹	625	10.0	410.0	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	~10.0	G or C	1/5 YR

Permit No. VA0026441 Attachment A Page 5 of 5

DEPARTMENT OF ENVIRONMENTAL QUALITY WATER QUALITY MONITORING

OUTFALL NO. 001 - 0.70 MGD

mg/L

ASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
		MISCEL	LANEOUS			
16887-00-6	Chloride	(5)	(6)	325.0	С	1/5 YR
57-12-5	Cyanide	335.2	10.0	20.01	G	1/5 YR
7783-06-4	Hydrogen Sulfide	(5)	(6)	1.4	C	1/5 YR

Name of Principal Exec. Officer or Authorized Agent/Title

Signature of Principal Officer or Authorized Agent/Date III, Town Manager

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Jee Next Page for ADDITIONAL PARAMETERS.

	ADDITIONAL		
CHEMICAL	ANALYTICAL METHOD	QUANTIFICATION LEVEL	ANALYTICAL RESULT
Diazinon	622	1.0 ug/L	<1.0 ug/L
Nonylphenol	625M	5 ug/L	<5.0 ug/l

From:

Terry L. Blankenship [terry@kb-inc.net]

Sent:

Tuesday, July 12, 2011 12:26 PM

To:

Carver, Beverley (DEQ)

Cc: Subject: 'Charles Moore'; 'William C. Kreye' VPDES Permit Application - Questions

Beverley,

The following responses address the questions and/or comments in your July 5, 2011 email:

- The quantification level for 2,4 Dichlorophenol; 2,4 Dimethylphenol; Phenol; and 2,4,6 Trichlorophenol was
 incorrectly reported as 50 ug/L. The correct QL as reported on the laboratory Certificate of Analysis is 10 ug/L.
 The discrepancy in the QL for Chromium IV is due to exceeding of the recommended EPA holding time. An
 effluent sample for Chromium IV will be collected and analyzed. All results will be recorded on the Attachment
 A Form.
- 2. The facility desires to maintain its original name of Mt. Jackson STP.
- 3. Outfall 002 no longer exists.
- 4. All information provided on the annual maintenance fee form is correct.
- 5A. Sludge will not be stored at Valley Fertilizer.
- 5B. The Town does not land apply biosolids.
- 5C. Biosolids will be land applied through Houffs VPA permit.
- 5D. Due to the recent addition of a sludge centrifuge it is questionable if on-site sludge storage is necessary. However, as a conservative approach, the block flow diagram and narrative description will be revised to illustrate the optional use of storage facilities.

Terry L. Blankenship, P.E.

Kreye Blankenship, Inc. Consulting Engineers & Environmental Scientists

13321 Midlothian Tpke., Suite H Midlothian, VA 23113 C: (804) 347-4684 F: (804) 302-5454

From:

Carver, Beverley (DEQ)

Sent:

Tuesday, July 05, 2011 5:11 PM

To:

Charles Moore (townmanager@mountjackson.com)

Subject:

Mt. Jackson STP application question

Attachments:

Permit Billing Information Form- Mt. Jackson STP.docx

Hi Mr. Moore,

I've been looking over the application and had some questions.

1. Attachment A monitoring – the following parameters were reported as <50 ug/L:

2,4 Dichlophenol

2,4 Dimethylphenol

Phenol

2,4,6 Trichlorophenol

The QL specified for these parameters is 10 ug/L. You may want to check with the lab and see if they can report these parameters at the lower QL specified in your permit.

Chromium VI was reported as <100 ug/l. The QL specified in the permit was 9.0 ug/L.

- 2. The application uses the facility name of Mt. Jackson WWTP. The facility name on the permit is Mt. Jackson STP. Do you want us to change the name of the facility?
- 3. The previous application listed an outfall 002. Does that exist anymore?
- 4. The application did not include the annual maintenance fee form. I've attached the current information we have on file. Is this still correct?
- 5. On the sludge application I wanted to clarify if this was correct:
 - a. You no longer store sludge at Valley Fertilizer
 - b. The Town will not land apply biosolids anymore
 - c. Biosolids will be land applied through Houffs VPA permit
 - d. No biosolids will be stored. The biosolids will go into a sludge truck after dewatering

Thanks.

Bev

Beverley W. Carver Environmental Engineer Senior Department of Environmental Quality Valley Regional Office 4411 Early Road P.O. Box 3000 Harrisonburg, Virginia 22801 Phone: (540) 574-7805

Fax: (540) 574-7878

From:

Carver, Beverley (DEQ)

Sent:

Wednesday, July 06, 2011 11:55 AM

To: Subject: Charles Moore (townmanager@mountjackson.com)
Attachment A

Attachments:

Attachment A completed 7.6.11.pdf

Hi Mr. Moore,

Attached is the Attachment A form which I completed using the information reported in the application. You can see that there is a problem with the quantification levels used for chromium VI, 2,4 Dichlorophenol, 2,4 Dimenthylphenol, Phenol and 2,4,6 Trichlorophenol.

If you are unable to get the lab to reissue the Certificate of Analysis using the lower quantification levels, then you will have to retest for these parameters.

In addition, please report the information on the Attachment A form as required by the permit, sign and submit.

If you have any questions, let me know.

Sincerely,

Bev Carver

Beverley W. Carver Environmental Engineer Senior Department of Environmental Quality Valley Regional Office 4411 Early Road P.O. Box 3000 Harrisonburg, Virginia 22801 Phone: (540) 574-7805

Fax: (540) 574-7878

From:

Carver, Beverley (DEQ)

ent:

Friday, June 10, 2011 10:45 AM

To:

Bill Kreye (bkreye@verizon.net); Charles Moore (townmanager@mountjackson.com)

Subject:

Mt. Jackson STP - VA0026441 - Attachment A monitoring

Attachments:

Attachment A.pdf

Hello Bill,

When I spoke with you on 6.1.11, you said that the Attachment A monitoring (see attached) had been completed in mid May. The results should be in by now.

Could you email me the Certificate of Analysis along with the signed Attachment A as soon as possible?

If you have any questions, let me know.

Sincerely,

Bev Carver

Beverley W. Carver Environmental Engineer Senior Department of Environmental Quality Valley Regional Office 4411 Early Road 'O. Box 3000 Harrisonburg, Virginia 22801 Phone: (540) 574-7805

Phone: (540) 574-7805 Fax: (540) 574-7878

From:

Carver, Beverley (DEQ)

Sent: To: Monday, May 23, 2011 3:54 PM

'Charles Moore'

Subject:

RE: Permit Required Submittals

So neither of the permit items listed in my 05.19.11 email have been completed?

Bev

From: Charles Moore [mailto:townmanager@mountjackson.com]

Sent: Monday, May 23, 2011 3:47 PM

To: Carver, Beverley (DEQ)

Subject: Permit Required Submittals

Hello Beverley,

I forwarded this information on the 20thto Bill Kreye and Terry Blankenship for the new permit, but failed to include you in the copy list.

I think this covers our current status. I asked them to request the next one since the five years are ending and a new one should be done.

Please advise if this answers your question.

Charlie

From: Charles Moore [mailto:townmanager@mountjackson.com]

Sent: Friday, May 20, 2011 7:37 AM

From: Carver, Beverley (DEQ) [mailto:Beverley.Carver@deq.virginia.gov]

Sent: Thursday, May 19, 2011 3:45 PM
To: townmanager@mountjackson.com
Cc: bkreye@verizon.net; netzg@shentel.net
Subject: Permit Required Submittals

Hi Mr. Moore,

Forgive me if you have already submitted these items. I went through our files but was unable to find these items.

- Reference Part I.G.14. of the permit (attached). There is a requirement that upon completion of
 construction for the 0.70 MGD facility that a storm water application or NEC (No Exposure
 Certification) be submitted. Most POTWs submit the attached No Exposure Certification Form to meet
 this requirement.
- 2. Reference Part I.G.8. of the permit (attached). The permit requires Attachment A monitoring be performed within 1 year following issuance of the CTO for the 0.70 MGD facility. If this has not been completed you will need to schedule this testing with the lab as soon as possible. Many of these parameters are on the Form 2A application form. We cannot approve a testing waiver on the Form 2A for these parameters if the Attachment A testing has not been completed.

Please let me know the status of these items.

If you have any questions, let me know.

Sincerely,

Bev Carver

Beverley W. Carver Environmental Engineer Senior Department of Environmental Quality Valley Regional Office 4411 Early Road P.O. Box 3000 Harrisonburg, Virginia 22801 Phone: (540) 574-7805

Phone: (540) 574-7805 Fax: (540) 574-7878